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## COVER LETTER

Division of Corporations		
NIKO VENTURES, LLC		
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following	:
CHRISTOPHER J. GERTZ		
Name of Person		
GERTZ & GERTZ		
Firm/Company		
888 SOUTH ANDREWS AVENUE, SU	IITE 204	
Address		
FORT LAUDERDALE, FL 33316		
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
CHRIS@GERTZLAW.NET		
E-mail address: (to be used for future annu	ual report notification	)
For further information concerning this matter, plea	se call:	
CHRIS GERTZ	954	565-2601
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

TO:

Registration Section

## STATEMENT OF AUTHORITY

authority		ng statemo	ent of
FIRST:	The name of the limited liability company is: NIKO VENTURES, LLC		
SECON	ID: The Florida Document Number of the limited liability company is:	;	
	: The street address of the limited liability company's principal office is: 888 SOUTH ANDREWS AVENUE		
	SUITE 204		
	FORT LAUDERDALE, FL 33316		
	The mailing address of the limited liability company's principal office is: 888 SOUTH ANDREWS AVENUE		
	SUITE 204		
	FORT LAUDERDALE, FL 33316		
	of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company a. Granted to:  CHRISTOPHER J. GERTZ OR KARA KAPLAN  GERTZ  b. No authority granted to:  2. May enter into other transactions on behalf of, or otherwise act for or bind, the company	2016 UL 25 P 5	
	a. Granted to: CHRISTOPHER J. GERTZ OR KARA KAPLANG GERTZ		
	b. No authority granted to:  CHRISTOPHER J. G	SERTZ	
Signatur	Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	signature	_