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SECRETARY OF STATE TALLAHASSEE, FLORING

APPROVED AND FILED

15/5/FI

## COVER LETTER

SUBJECT:	D&G MILLWORK AND CABINETRY LLC.		
SUBJECT		of Limited Liability Comp	pany
Dear Sir or i	Madam:		
The enclose	d Statement of Authority and fee(s)	are submitted for filing.	
Please returi	n all correspondence concerning thi	s matter to the following:	
DOV GR	USHKA		
<del>"</del>	Name of Person		
D&G MIL	WORK AND CABINETRY	LLC.	
	Firm/Company		
2618 NE	191ST STREET		
	Address		
MIAMI, F	FL 33180		
	City/State and Zip Code		
DOV@D	GMILLWORK.COM-DESIG	GN@DGMILLWOR	K.CON
E-	mail address: (to be used for future	annual report notification	()
For further i	information concerning this matter,	please call:	
	USHKA	305	830-3000  Daytime Telephone Number
DOV GR		au	·

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: FIRST: The name of the limited liability company is: D&G MILLWORK AND CABINETRY LLC. SECOND: The Florida Document Number of the limited liability company is: THIRD: The street address of the limited liability company's principal office is: **2618 NE 191ST STREET** MIAMI, FL 33180 The mailing address of the limited liability company's principal office is: **2618 NE 191ST STREET** MIAMI, FL 33180 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. E Granted to: DOV GRUSHKA, ELI RAN. b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: DOV GRUSHKA, ELI RAN. No authority granted to: \_\_\_\_\_\_ DOV GRUSHKA. Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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