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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Div	rision of Corporations		
SUBJECT:	MESHBESHER Properties, LLC		
	Name o	f Limited Liability Compa	any
Dear Sir or N	Madam:		
The enclosed	Statement of Authority and fee(s)	are submitted for filing.	
Płease return	all correspondence concerning this	matter to the following:	
Avie Croce			
	Name of Person		
NA			
	Firm/Company	-	
1301 Beville	e Road, Suite 8		
	Address		
Daytona Be	each, FL 32119		
	City/State and Zip Code		
E-m	nail address: (to be used for future a	nnual report notification)	
For further in	formation concerning this matter, p	lease call:	
Avie Croce		at ()	
	Name of Person	Area Code	Daytime Telephone Number

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: Meshbesher Properties, 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: 1301 BEVILLE ROAD, SUITE 8 Daytona Beach, FL 32119 The mailing address of the limited liability company's principal office is: 1301 BEVILLE ROAD, SUITE 8 Daytona Beach, FL 32119 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. b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company, Avie Croca Granted to: b. No authority granted to: Avie Croce Signature of authorized representative Typed or printed name of signature

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)