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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Enuty Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Florida Foreclosure Transactions	LLC		
3000000	Name of Limited	Liability Com	pany	
Dear Sir or	Madam:			
The enclos	ed Statement of Authority and fee(s) are submi	tted for filing.		
Please retu	rn all correspondence concerning this matter to	the following		
Miguel l	_ulinski			
	Name of Person			
Florida	Foreclosure Transactions LLC			
<u>.</u>	Firm/Company			
19300 V	N Dixie Hwy #4			
	Address			.=1
Aventur	ra, FL 33180			19 19
	City/State and Zip Code	_ .		19 NOV
miguel@	nbgrealty.com			25
19	-mail address: (to be used for future annual rep	ort notification	1)	PHI2: 1
For further	r information concerning this matter, please cal	1:		2: 1
Miguel	Lulinski at	\	935.7004	- 0XS
	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 MAILING ADDRESS:

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

STATEMENT OF AUTHORITY

authority FIRST:	The name of the limited liability company is: Florida Foreclosure Transactions	LLC	_
SECON	D: The Florida Document Number of the limited liability company is: L09000011563		_
	The street address of the limited liability company's principal office is: 19300 W Dixie Hwy #4		
	Aventura, FL 33180		
	The mailing address of the limited liability company's principal office is: 19300 W Dixie Hwy #4		
	Aventura, FL 33180		
position	H: This statement of authority grants or sets limitations of authority on all persons having 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: Miguel Lulinski	or to a specific	SECRETARY OF STATE
	b. No authority granted to:		ATIOHS
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: b. No authority granted to:	any.	
Signatur	e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature	

CR2E138 (2/14)