109000/00354

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PłCK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
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Office Use Only



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MAY 22 2017

Y SULKER



May 17, 2017

Florida Department of State Registration Section Division of Corporations P.O. BOX 6327 Tallahassee, FL. 32314

Re:

Buver:

VADER GROUP USA, LLC

Owner:

JJAD INVESTMENTS, LLC

Property:

15581 SW 104 Terrace, #213, Miami, FL 33186

File:

17141

Dear Sir/Madam:

Enclosed please find check no.122 in the amount of \$55.00, representing payment pertaining to the filing fee of \$25.00 and \$30.00 fee for the certified copy of the Statement of Authority attached. A self addressed stamped envelope is enclosed to return the certified copy for the above referenced real estate transaction.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Perland Title & Escrow Services Corp.

Post Closing Department

COVER LETTER

| | vision of Corporations | | |
|----------------|--|-----------------------------|--------------------------|
| SUBJECT: | JJAD INVESTMENTS, LLC | | |
| SUBJECT: | | imited Liability Compar | ny |
| Dear Sir or I | Madam: | | |
| The enclosed | d Statement of Authority and fee(s) are | e submitted for filing. | |
| Please return | n all correspondence concerning this m | natter to the following: | |
| JESUS A | A. NOYA | · | |
| | Name of Person | | |
| | | | |
| | Firm/Company | | |
| 9100 S D | PADELAND BLVD, SUITE 51 | 4 | |
| | Address | | |
| MIAMI FI | L 33156 | | |
| | City/State and Zip Code | | |
| JESUS.N | IOYA@HOTMAIL.COM | | |
| E-r | nail address: (to be used for future ann | nual report notification) | - |
| For further in | nformation concerning this matter, ple | ase call: | |
| JESUS A | NOYA | ं अ के at () | |
| | Name of Person | at () Area Code | Daytime Telephone Number |
| | REET/COURIER ADDRESS: | | ADDRESS: |
| | gistration Section vision of Corporations | Registration Division of | Section Corporations |
| Clif | fton Building | P.O. Box 63 | 327 |
| | 1 Executive Center Circle lahassee, Florida 32301 | Tallahassee, | , Florida 32314 |

STATEMENT OF AUTHORITY

| | 1,0000100354 | |
|----------|---|------------------|
| SECON | D: The Florida Document Number of the limited liability company is: L0900100354 | |
| THIRD | : The street address of the limited liability company's principal office is: 8485 SW 165 PLACE | |
| | MIAMI FL 33193 | |
| | The mailing address of the limited liability company's principal office is: 8485 SW 165 PLACE | |
| | MIAMI FL 33193 | Marin ya |
| | | 7.00 · |
| | H: This statement of authority grants or sets limitations of authority on all persons having | |
| position | 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 in the following: May execute an instrument transferring real property held in the name of the company a. Granted to: | or to a specific |
| position | of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the company | or to a specific |
| position | of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: JESUS A. NOYA | or tô á specific |

Certified Copy: \$30.00 (optional)