L09000101903

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TALLAHASSEE, FLORIDA

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TELEPHONE (305) 682-2324
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FAX (305) 682-2327

December 28, 2016

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

Re: Statement of Authority - NACHESUSA LLC - Document Number L09000101903

Dear Sir/Madam:

Enclosed please find a Statement of Authority for filing in connection with NACHESUSA, LLCs:

Also enclosed please find our check in the amount of $55.00 for the filing fee for the Statement of Authority and ***one (1) certified copy thereof to be returned to us in the enclosed envelope.***

Please contact the undersigned if there are any problems or if you have any questions.

Thank you for your anticipated cooperation.

Very truly yours,

Jan Milestone, Esquire

JM/dh
Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NACHESUSA LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neil A. Milestone
Name of Person

Muroff, Milestone and Milestone
Firm/Company

2999 NE 191st Street, Ste 709
Address

Aventura, Florida 33180
City/State and Zip Code

Leo@stayana.ca
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neil A. Milestone at (305) 682-2324
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

CR2E138 (2/14)

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: NACHESUSA LLC

SECOND: The Florida Document Number of the limited liability company is: L09000101903

THIRD: The street address of the limited liability company's principal office is:

3001 S. OCEAN DRIVE 1201
HOLLYWOOD, FLORIDA
33019

The mailing address of the limited liability company's principal office is:

3001 S. OCEAN DRIVE 1201
HOLLYWOOD, FLORIDA
33019

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TALLAHASSEE, FLORIDA

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.
   a. Granted to: either Leonid Kofman or Tanya Pekar without the consent and joinder of the other.
   b. No authority granted to: _____
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to : either Leonid Kofman or Tanya Pekar without the consent and joinder of the other.
   b. No authority granted to: _____

Signature of authorized representative

Tanya Pekar
Typed or printed name of signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

CR2E138 (2/14)