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| PICK-UP WAIT MAIL | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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COVER LETTER

| | gistration Section vision of Corporations | | |
|----------------|--|--|------------------------|
| 01:01:00 | COMPRO GROUP LLC | | |
| SUBJECT: | | imited Liability Comp | pany |
| Dear Sir or M | Madam: | | |
| The enclosed | I Statement of Authority and fee(s) are | submitted for filing. | |
| Please return | all correspondence concerning this m | atter to the following: | |
| Stephen | Korn | | |
| | Name of Person | | |
| Kim Mark | s CPA PA | | |
| *** | Firm/Company | | |
| 2136 NE | 123rd St | | |
| | Address | | |
| North Mia | ami, FL 33181 | | |
| | City/State and Zip Code | | |
| Stephen@ | @kimmarkscpa.com | | |
| E-n | nail address: (to be used for future ann | ual report notification | <u></u> |
| For further in | nformation concerning this matter, ple | ase call: | |
| Stephen I | Korn | 305 | 895- 5 815) |
| | Name of Person | Area Code | |
| | | | |
| Reg Divi | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | |
| | 1 Executive Center Circle | Tallahassee, Florida 32314 | |

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the folloauthority: | owing statement of |
|--|--------------------|
| FIRST: The name of the limited liability company is: | |
| COMPRO GROUP LLC | |
| SECOND: The Florida Document Number of the limited liability company is: L110000284 | 41 |
| THIRD: The street address of the limited liability company's principal office is: 2851 NE 183rd St Apt 1601 | 29 |
| Aventura, FL 33160 | 2923 3 |
| | <u>:</u> : |
| The mailing address of the limited liability company's principal office is: 2851 NE 183rd St Apt 1601 | - 3 P} ∴ • J |
| Aventura, FL 33160 | 25 |
| | |
| position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: ISACCO ALBERTO BERAHA | · |
| b. No authority granted to: NA | |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the con a. Granted to: ISACCO ALBERTO BERAHA | npany. |
| b. No authority granted to: NA | _ |
| RODOLFO G. BER Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) ALBER | of signature |
| CR2F138 (2/14) | MASC |