# L11000108780

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Cri	ty/State/Zip/Phone #	*)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	)
(Do	ocument Number)	
entified Copies	Certificates o	of Status
Special Instructions to Fil	ling Officer:	

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: September 20, 2022 ORDER TIME : 1:42 PM ORDER NO. : 963287-005 CUSTOMER NO: 8392702 DOMESTIC AMENDMENT FILING NAME: ROSTARA LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT \_\_\_ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

# **COVER LETTER**

TO: Registration Division of C			
ROSTR.	A LLC, a Florida limited liabil	ity company	
	Name of Lin	nited Liability Com	pany
Dear Sir or Madam:			
The enclosed Stateme	nt of Authority and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following	:
Donald J. Kahn, Esq.			
<del> </del>	Name of Person		
Kahn and Kahn P.L.			
	Firm/Company		
1133 Normandy Drive	:		
<u></u>	Address		
Miami Beach FL 3314	1		
City	State and Zip Code		
donald@kahnandkahn	.law		
E-mail addre	ss: (to be used for future annua	al report notification	n)
For further information	n concerning this matter, please	e call:	
Donald J. Kahn		305	865-4311
Nam	e of Person	Area Code	Daytime Telephone Number

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: ROSTRA LLC, a Florida limited liability company SECOND: The Florida Document Number of the limited liability company is: L11000108780 THIRD: The street address of the limited liability company's principal office is: 3131 NE 188th Street Unit no. 2-509 Aventura, Florida 33180 The mailing address of the limited liability company's principal office is: 3131 NE 188th Street Unit no. 2-509 Aventura, FL 33180 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. GREGOR STRAZISCAR b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: \_\_\_ b. No authority granted to: GREGOR STRAZISCAR Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)