

L12000091817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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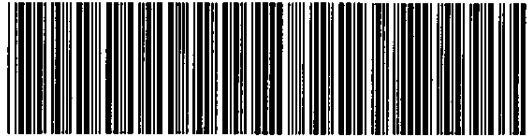
(Business Entity Name)

(Document Number)

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M. MILLIGAN
EXAMINER

JAN 30 2015

KATZ | BARRON
SQUITERO | FAUST

MIAMI
2699 S. BAYSHORE DRIVE
SEVENTH FLOOR
MIAMI, FL 33133-5408

305-856-2444
305-285-9227 FAX

www.katzbarron.com

January 6, 2015

Via U.S. Mail

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Filing of Statement of Authority / Infinity Roselea, LLC

To Whom It May Concern:

Enclosed please find an original Statement of Authority which we are submitting for filing. We request that you return a certified copy of the filed Statement of Authority to us in the enclosed self-addressed stamped envelope.

Enclosed is one check in the amount of \$330.00, \$55.00 of which relates to the above-referenced entity, which covers the filing fee and certified copy fee for this request and the other five Statements of Authority which are enclosed herein.

If you have any questions, please contact me at (305) 856-2444 Ext. 129 or via email at axc@katzbarron.com.

Very truly yours,
KATZ BARRON SQUITERO FAUST



Arlet Cruz
Legal Assistant

Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


BEFORE ME, the undersigned authority, personally appeared **IGHAL GOLDFARB**, as President of **INFINITY BH CORP.**, a Florida corporation (“Manager”), the sole Manager of **INFINITY ROSELEA, LLC**, a Florida limited liability company (the “Company”), who is personally known to me or has produced _____ (type of identification) and who, after being duly sworn, deposes and says:

1. The Company is a Florida limited liability company, having its principal office at:

12000 Biscayne Blvd, Suite 407
North Miami, FL 33181
2. The Manager is the sole manager of the Company.
3. Manager is authorized to execute any instrument transferring or encumbering real property held in the name of the Company to enter into other transactions and otherwise act for and bind the Company. The signature of only the Manager shall be required.

IGHAL GOLDFARB

SWORN TO and SUBSCRIBED before me this 29 day of December, 2014.


Notary Public, State of Florida
Print Name: _____
My Commission Expires _____

