## L12000139565

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	<del>(</del> *)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	<del>)</del>
(D	ocument Number)	~
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	





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SEP 0 9 2015 J SHIVERS

## **COVER LETTER**

Division of Corporations
SUBJECT: Sub
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:
YOSSI HAREL Name of Person
6 LOBAL LWMA UL
Nobre Griffin Rd., Swite: 108
City/State and Zip Code 33324
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANAM LIOR my USN, god bogo
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

CR2E138 (2/14)

TO:

Registration Section

## STATEMENT OF AUTHORITY

authority:	o section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of
FIRST: T	The name of the limited liability company is: GLOBAL LUNA LU
SECOND	: The Florida Document Number of the limited liability company is: 1120001395
	The street address of the limited liability company's principal office is:
-	10620 criff, b Ol, shite 109
	Looper city, Florian, 33328
	The mailing address of the limited liability company's principal office is:
	5846. S. Flumingo Rd., Shite: 520
-	cooper city floring 33330
	5)
position of	This statement of authority grants or sets limitations of authority on all persons having the status or a person in a company, whether as a member, transferce, manager, officer or otherwise or to a specific the following:  May execute an instrument transferring real property held in the name of the company.  a. Granted to: TOR BEN-DAVID
	MARARI LIOR, BALAZS NABY
	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: I GOL BEN-DAVID, HARALT
	Link BALAZ NAGY
	h. No outhwrite granted to:
	b. No authority granted to:
	7
	I GOR BEN-DAVID
ignature of	authorized representative Typed or printed name of signature
	Filing Fee: \$25.00 \( \text{Certified Conv. } \$30.00 \( \text{(optional)} \)