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TALLAHASSEE, FLORIDA

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S MASON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY FOUR TREASURES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARINA SIMONE  
Name of Person

Firm/Company

16604 SAPPHIRE MANOR  
Address

WESTON, FL 33331  
City/State and Zip Code

KARINA\_SIMONE@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARINA SIMONE at (954) 744 6012  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

MY FOUR TREASURES LLC

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www.RegisteredAgent.com

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SANIN SIMONE	16604 SAPPHIRE MANOR	<input type="checkbox"/> Add
		WESTON, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GREGORY THOMAS	603 EVERGLADES DR.	<input checked="" type="checkbox"/> Add
		MEBANE, NC 27302	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KARINA SIMONE	16604 SAPPHIRE MANOR	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TAMMIE L. FLORIDA

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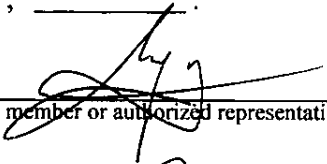
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated MARCH 17<sup>th</sup> 2016, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**(POWER OF ATTORNEY)**  
LUIS E. NUNEZ PORTA  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

## DURABLE POWER OF ATTORNEY

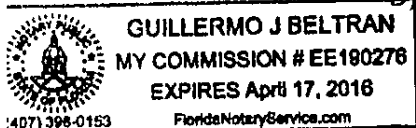
State of Florida  
County of Broward

KNOW ALL MEN BY THESE PRESENTS, that I, **Sanin Simone de la Cruz**, of **Caracas, Venezuela, S.A.**, as authorized by Florida law, do hereby appoint, **Luis Eduardo Nunez Porta**, as my Agent, to manage and conduct my affairs. This power of attorney shall be non-delegable except as otherwise provided in Florida Statutes, and shall be valid and effective from date here of until such time as I shall die or revoke the power. This durable power of attorney is not affected by subsequent incapacity of the principal except as provided in Florida Statutes.

The property subject to this durable power of attorney shall include all real and personal property owned by me within the United States of America, my interest in all property held in joint tenancy, my interest in all non-homestead property held in tenancy by the entirety, and all property over which I hold power of appointment and shall also include the authority to sell, mortgage or convey my homestead property.

Without limiting the broad powers intended to be conferred by the preceding provisions, I expressly authorize my Agent acting hereunder in a fiduciary capacity to do and execute all or any of the following acts, deeds, and things for my benefit and on my behalf.

1. **COLLECTION POWERS:** To ask, demand, sue for, recover, collect, receive all sums of money, bank deposits, chattels and other real or personal property, tangible or intangible, of whatsoever nature or description that may be due, owing, payable or belonging to me, and to execute and deliver receipts, releases, cancellations or discharges.
2. **PAYMENT POWERS:** To settle any account or reckoning whatsoever wherein I now am or at any time hereafter shall be in any way interested or concerned with any person whomsoever, and to pay or receive the balance thereof as the case may require.
3. **SAFE DEPOSIT BOXES:** To enter any safe deposit or other place of safekeeping standing in my name with full authority to remove any and all the contents thereof and to make additions, substitutions and replacements, specifically including any safe deposit box in my name jointly with my spouse or any other person.
4. **BANKING POWERS:**
  - A) To borrow any sum or sums of money on such terms and with such security, whether real or personal property belonging to me, as my agent may think fit, and to execute any and all notes, mortgages and other instruments which my attorney may deem necessary or desirable.
  - B) To draw, accept, make, endorse or otherwise deal with any checks, promissory notes, bills of exchange or other commercial or mercantile instruments, specifically including the right to make withdrawals from any savings account or building or loan deposits.
  - C) To redeem or cash in any/or all bonds issued by the United States Government or any of its agencies, any other bonds and any certificates of deposit or other similar assets or securities belonging to me.
  - D) To sell all or any bonds, shares of stock, warrants, debentures, or other securities belonging to me, and to execute all assignments and other instruments necessary or proper for transferring the same to the purchaser or purchasers thereof, and to give good receipts and discharges for all monies payable in respect thereof.



E) To invest the proceeds of any redemptions or sales aforesaid, and any other of my monies, in such, bonds, shares of stock and other securities as my attorney shall think fit, and from time to time to vary the said investments or any of them.

5. **MANAGEMENT POWERS:** To vote at all meetings of stockholders of any company or corporation, and otherwise to act as my agent or proxy in respect of my shares of stock or other securities or investments which now or hereafter shall belong to me, and to appoint substitutes or proxies with respect to any such shares of stock.

6. **TAX POWERS:** To sign and execute in my behalf any tax return, state or federal relating to income, gift, ad valorem, intangible or other taxes, state or federal, and to act for me in any examinations, audits, hearings, conferences or litigation relating to any such taxes, including authority to file and prosecute refund claims, and to enter into an effect any settlements.

7. **TRUST POWERS:**

- A) To execute a revocable or irrevocable trust which provides that all income and principal shall be paid to me or the guardian of my estate, or applied for my benefit in such manner as I or my attorney hereunder shall request or as the trustee shall determine, and that on my death any remaining assets, including income, shall pass according to my will or intestate succession if I have no will.
- B) To make additions of funds and assets, real and personal, to any trust established by me.

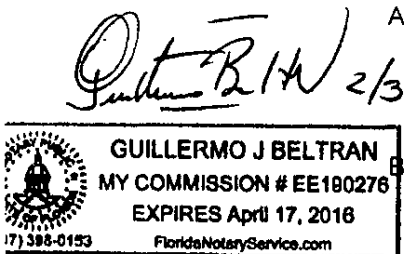
8. **BUSINESS INTERESTS:**

- A) To sell, rent, lease for any term, or exchange, any real estate or interests therein, for such considerations and upon such terms and conditions as my agent may see fit; specifically including the power and authority to execute acknowledge and deliver deeds, mortgages, leases and other instruments conveying or encumbering title to property owned by me and my spouse jointly.
- B) To commence, prosecute, discontinue or defend all actions or other legal proceedings touching my estate or any part thereof, or touching any matter in which, I or my estate may be in any way concerned.
- C) The powers herein conferred upon my attorney shall extend to and include all of my right, title and interest in and to any real and personal property, tangible or intangible, in which I may have an estate by the entirety, joint tenancy, tenancy in common, as trustee or beneficiary of any trust, or in any other manner.

9. **GENERAL POWERS:**

- A) In general to do all other acts, deeds, matters and things whatsoever in or about my estate, property and affairs, or to concur with persons jointly interested with me therein in doing all acts, deeds, matters and things herein particularly or generally described, as fully and effectually to all intents and purposes as I could do myself.
- B) This instrument is executed by me in the State of Florida but it is my intention that the powers and authority herein conferred upon my agent as authorized by the laws of Florida now or hereafter in force and effect shall be exercisable in any other state or jurisdiction where I may have any property or assets within the United States of America.

I hereby ratify and confirm, and promise at all times to ratify and confirm all and whatsoever my duly authorized attorney hereunder shall lawfully do or cause to be done by virtue



of these presents, including anything which shall be done between the revocation of this instrument by my death or in any other manner and notice of such revocation reaching my agent; and I hereby declare that as against me and all persons claiming under me everything which my said agent shall do or cause to be done in pursuance hereof after such revocation as aforesaid shall be valid and effectual in favor of any persons claiming the benefit thereof who, before the doing thereof, shall not have had notice of such revocation.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney.

[Signature]  
Sanin Simone de la Cruz

Sept 4, 2014  
Date

Carmen Bricano  
Print First Witness Name

16231 Emerald Cove Rd. Weston. FL 33331  
First Witness Address

[Signature]  
First Witness Signature

09/04/2014  
Date

KARINA SIMONE  
Print Second Witness Name

16604 SASHIRE MANOR WESTON FL 33  
Second Witness Address

[Signature]  
Second Witness Signature

09/04/2014  
Date

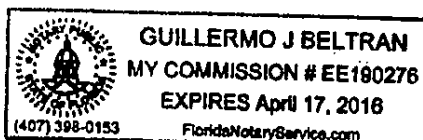
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TAMPA FLORIDA

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State of Florida  
County of Broward

Before me the undersigned authority, duly authorized to take acknowledgements and administer oaths, personally appeared Sanin Simone de la Cruz, personally known to me to be the person described above or presented identification: Venezuelan Passport # 061078752 who being by me first duly sworn states that he is the person who executed the foregoing instrument for the reasons expressed therein.

Dated this 04 day of September, in 2014.



3/3

[Signature]  
Notary Public

My Commission Expires: April, 17, 2016

(Print, Type, or Stamp Commissioned Name of Notary Public)