L12000158025	
(Requestor's Name) (Address)	600300333486
(City/State/Zip/Phone #)	06/15/17-~01017027 ★★60.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2017 JUNI 15 PH 2: TALL AHASSIT FLOO
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TO:	Registration Section
	Division of Corporations

SUBJECT:

Name of Limited Liability Company

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:

atty Name of Person nwar N Firm/Company Address $\omega \infty$ Oity/State and Zip Code MAI C E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

alte Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: Ê. H

FIRST: The name of the limited liability company is:

SECOND: The Florida Document Number of the limited liability company is:

THIRD: The street address of the limited liability company's principal office is:

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The mailing address of the limited liability company's principal office is: WW 10

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.

Hadassa Simbon Or Ablaham Goudbeer a. Granted to: b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Hudussa Simbon of Abraham Goodbein Granted to :

b. No authority granted to: ______

Signature of authorized representative

1_LC

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Typed or printed name of si

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)