

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (305)931-0433  
Fax Number : (866)856-1462

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: paul@feldmanclosings.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPRING VALLEY VENTURE LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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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, SPRING VALLEY VENTURE LLC

SECOND: The Florida Document Number of the limited liability company is: L13000030156

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

19821 NW 2ND AVENUE SUITE 125

MIAMI GARDENS, FL 33169

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

19821 NW 2ND AVENUE SUITE 125

MIAMI GARDENS, FL 33169

2020 DEC 23 PM 4:10  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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


a. Granted to PAUL FELDMAN, ESQ.

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 PAUL FELDMAN, ESQ.

b. No authority granted to.

  
Signature of authorized representative

AVRAHAM Y GOLOVENZIZ

Typed or printed name of signature

Filing Fee: \$25.00

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