

213000103783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 31 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINECRAFT ESTATE LLC

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:

VIVIAN A. JAIME

Name of Person

RITTER, ZARETSKY, LIEBER & JAIME, LLP

Firm/Company

2915 BISCAYNE BLVD., SUITE 300

Address

MIAMI, FL 33137

City/State and Zip Code

VIVIAN@RZLLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN A. JAIME, ESQ.

at (305)

372-0933

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

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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: VINECRAFT ESTATE LLC

SECOND: The Florida Document Number of the limited liability company is: L13000103783

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

5972 NE 4th Avenue

Miami, FL 33137

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

5972 NE 4th Avenue

Miami, FL 33137

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status position of a person in a company, whether as a member, transferee, manager, officer or otherwise or on any person on the following:

1. May execute an instrument transferring real property held in the name of the company.

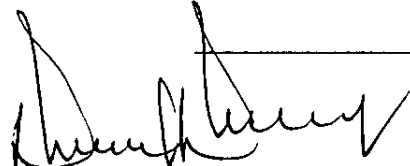
a. Granted to: DANIEL HOLTZ, AS MANAGER

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: DANIEL HOLTZ, AS MANAGER

b. No authority granted to: N/A


Signature of authorized representative

DANIEL HOLTZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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