

L13000176431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

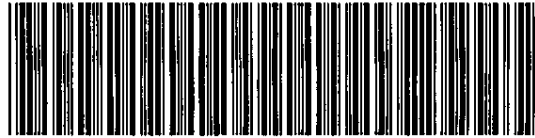
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DA VINCI PLAZA, 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:

Mr. Avi Avitan

Name of Person

Firm/Company

2364 Wilton Drive

Address

Wilton Mannors, Florida 33305

City/State and Zip Code

jason.myers@incs-law.com

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

For further information concerning this matter, please call:

Jason Myers, Esq. at +972 3 510 0499

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Da Vinci Plaza, LLC

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

2205-2227 Wilton Drive

Wilton Mannors, Florida 33305

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

2364 Wilton Drive

Wilton Mannors, Florida 33305

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THIRD: 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.

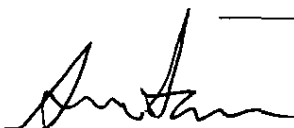
a. Granted to: _____

b. No authority granted to: The Manager, without the affirmative vote of more than 50% of the Membership Interests in the Company

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

a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

Avi Avitan

Typed or printed name of signature

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