

L14000032388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

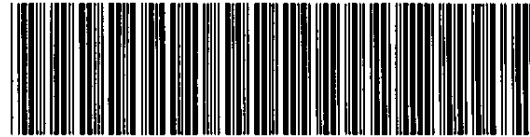
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 6 2014  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IRUVEN USA, 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:

John T. Pahl

Name of Person

John T. Pahl, Attorney at Law

Firm/Company

12376 SW 82nd Avenue

Address

Pinecrest, FL 33156

City/State and Zip Code

valleyinvestmentcorp@hotmail.com

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

For further information concerning this matter, please call:

John T. Pahl

Name of Person

305

at ( )

Area Code

234-3680

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(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: IRUVEN USA, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000032388

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

10388 West State Road 84, # 114

Davie, FL 33324

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

10388 W. State Road 84, # 114

Davie, FL 33324

**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.

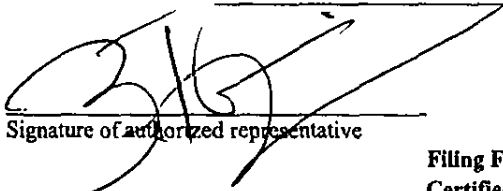
a. Granted to: \_\_\_\_\_

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: Laura Sorate, Company Secretary

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

John Neuman, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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