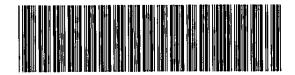
L14000157906

(Re	questor's Name)	
(Ād	idress)	
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PICK-UP	☐ WAIT	MAIL
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K. SALY DEC - 8 2016

COVER LETTER

	C: Registration Section Division of Corporations					
SUBJECT	H&A Equity LLC					
SOBJECT		imited Liability Comp	pany			
Dear Sir or	Madam:					
The enclose	ed Statement of Authority and fee(s) are	e submitted for filing.				
Please retui	rn all correspondence concerning this m	natter to the following:				
Paul Fel	ldman, Esq.					
	Name of Person					
Paul Fel	dman, P.A.					
	Firm/Company					
2750 NE	E 185th Street, Suite 203					
	Address					
Aventura	a, FL 33180					
	City/State and Zip Code					
paul@fe	eldmanclosings.com					
E-	-mail address: (to be used for future ann	ual report notification)			
For further	information concerning this matter, ple	ase call:				
Paul Fel	dman, Esq.	305	931-0433			
	Name of Person	Area Code	Daytime Telephone Number			
Re Di Cl 26	FREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314			
Ta	illahassee, Florida 32301					

STATEMENT OF AUTHORITY

authority:				
FIRST: 1	The name of the limited liability of	company is: H&A Eq	uity LLC	
SECOND	D: The Florida Document Number	er of the limited liability	company is: L140001579	906
	The street address of the limited 5121 N. 37th Street	liability company's pri	ncipal office is:	Property of the second
<u> </u>	Hollywood, FL 33021			- 350
-	The mailing address of the limit 5121 N. 37th Street		principal office is:	Mark of Stanfor
- H	Hollywood, FL 33021			— ***
position of person on	H: This statement of authority graft person in a company, whether the following: May execute an instrument to a. Granted to: Paul F	as a member, transfere	e, manager, officer or otherwi	se or to a specific
	b. No authority granted	to:		
2	•		nerwise act for or bind, the cor	mpany.
	b. No authority granted	v(o:		
Signature	of authorized representative	_ 1.	Hana Yehudai, Ma	_

CR2E138 (2/14)