

L14000175956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helavi, 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:

Astrid Amores

Name of Person

Tuscany Title & Escrow Services DBA Tuscany Title

Firm/Company

299 Park St., #3

Address

Miami Springs, FL 33166

City/State and Zip Code

VEFICOVICHE.BENEFICIOSA.COM.GD
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor E. Ficovich at ()
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(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Helavi, LLC.

SECOND: The Florida Document Number of the limited liability company is: L14000175956

THIRD: The street address of the limited liability company's principal office is:
2222 Quail Roost Drive, WESTON, FL 33327.

The mailing address of the limited liability company's principal office is:
2222 Quail Roost Drive, WESTON, FL 33327.

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.

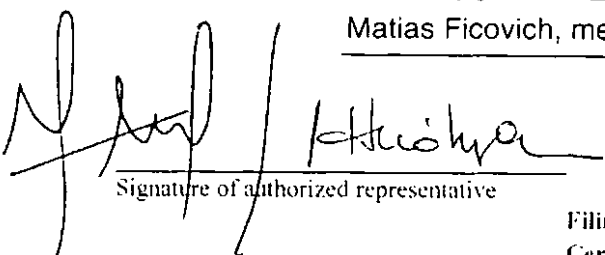
a. Granted to: Victor Ficovich and Helana Maria Alves
Da Nobrega de Ficovich, members.

b. No authority granted to: Juan Pablo Ficovich and
Matias Ficovich, members.

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

a. Granted to: Victor Ficovich and Helana Maria Alves
Da Nobrega de Ficovich, members.

b. No authority granted to: Juan Pablo Ficovich and
Matias Ficovich, members


Signature of authorized representative

VICTOR FICOVICH / HELANA M. A. DA N. DE FICOVICH
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)