

1150000 4-1197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

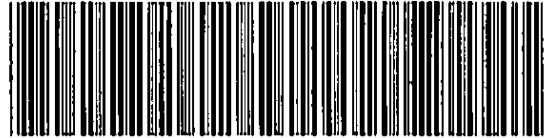
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500334304925

09/16/19--01013--025 \*\*25.00

FILED

2019 SEP 16 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

SEP 27 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADOS REAL 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:

Nicolas Apfelbaum, Esq.

\_\_\_\_\_  
Name of Person

Apfelbaum Law

\_\_\_\_\_  
Firm/Company

451 SW Bethany Drive, Suite 202

\_\_\_\_\_  
Address

Port St. Lucie, FL 34986

\_\_\_\_\_  
City/State and Zip Code

yolymk2002@yahoo.com

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

For further information concerning this matter, please call:

Nicolas Apfelbaum

772  
at ( )

236-4009

\_\_\_\_\_  
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: ADOS REAL ESTATE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000041197

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

697 NW Bayshore Blvd.

Port St. Lucie, FL 34983

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

697 NW Bayshore Blvd.

Port St. Lucie, FL 34983

**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: Nicolas Apfelbaum, Esq., Apfelbaum Law  
451 SW Bethany Dr., Ste. 202, Port St. Lucie, FL 34986

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: Nicolas Apfelbaum, Apfelbaum Law  
451 SW Bethany Dr., Ste. 202, Port St. Lucie, FL 34986

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

  
Signature of authorized representative

Yolanda Rodriguez  
Typed or printed name of signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 SEP 16 AM 10:34

FILED