

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L150000678423ABC2**

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((H17000067842 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SERGEY ONE, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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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: Sergey One, LLC  
Florida Limited Liability Company

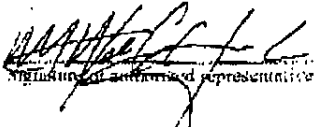
SECOND: The Florida Document Number of the limited liability company is: L150000641123

THIRD: The street address of the limited liability company's principal office is:  
700 Fifth Ave # 6100  
Seattle, WA 98104

The mailing address of the limited liability company's principal office is:  
700 Fifth Ave # 6100  
Seattle, WA 98104

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: Michael A. Goldfarb
  - 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: Michael A. Goldfarb
  - b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Michael A. Goldfarb  
\_\_\_\_\_  
Typed or printed name of signature

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

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