15000085743

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SECRETARY OF STATE
TAIL AHASSEE, FLORIO

JUN 1 5 2015 T. HUMATOR SA

MUROFF, MILESTONE AND MILESTONE

ATTORNEYS AT LAW

NEIL A. MILESTONE neil@mmmtitle.com

JAN MILESTONE jan@mmmtitle.com MELVIN I. MUROFF (1917-1992) AVENTURA, VIEW. SUITE 709 2999 NORTHEAST 191st STREET AVENTURA, FLORIDA 33180 TELEPHONE (305) 682-2324 BROWARD (954) 454-4522 FAX (305) 682-2327

June 8, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: SRA Aventura, LLC – Florida Document No. L15000085743

Dear Sir/Madam:

Enclosed please find a Statement of Authority for filing in connection with the above-referenced LLC.

Also enclosed please find our check in the amount of \$30.00 for a certified copy of the Statement of Authority and a self-addressed stamped envelope should you need it.

Please contact the undersigned if there are any problems or if you have any questions.

Thank you for your anticipated cooperation.

Mehran

Very truly yours,

Neil A. Milestone

NAM/amr

Enclosures

COVER LETTER

Registration Section

TO:

Division of Corporations		
SRA AVENTURA, LLC SUBJECT:		_
Name of Lin	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
RICHARD MINCHEFF		
Name of Person		
SRA AVENTURA, LLC		
Firm/Company		
20900 NE 30TH AVENUE, SUITE 912		
Address		
AVENTURA, FLORIDA 33180		
City/State and Zip Code		
mincheff@hotmail.com		
E-mail address: (to be used for future annua	l report notification	1)
For further information concerning this matter, please	e call:	
Neil A. Milestone	305 at (682-2324
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the fo authority:	ollowing stateme	ent of
FIRST: The name of the limited liability company is: SRA AVENTURA, LLC		
SECOND: The Florida Document Number of the limited liability company is: L15000085	5743	
THIRD: The street address of the limited liability company's principal office is: 20900 NE 30TH AVENUE, SUITE 912		
AVENTURA, FLORIDA 33180		
The mailing address of the limited liability company's principal office is: 20900 NE 30TH AVENUE, SUITE 912		
AVENTURA, FLORIDA 33180	<u> </u>	
FOURTH: This statement of authority grants or sets limitations of authority on all persons hat position of a person in a company, whether as a member, transferee, manager, officer or otherwisers on the following: 1. May execute an instrument transferring real property held in the name of the com a. Granted to: RICHARD MINCHEFF	wise or to a spec	
b. No authority granted to:		
2. May enter into other transactions on behalf of, or otherwise act for or bind, the c a. Granted to: RICHARD MINCHEFF	JUN 12 CRETARY LAHASSE	3
b. No authority granted to:	A	
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		~

CR2E138 (2/14)