

L15000085743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

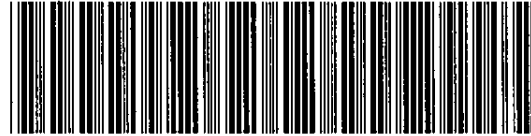
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 12 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2015
T. HARRIS

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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.

Very truly yours,



Neil A. Milestone

NAM/amr

Enclosures

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: SRA AVENTURA, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000085743

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

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.

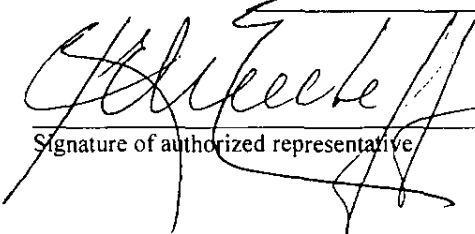
a. Granted to: RICHARD MINCHEFF

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: RICHARD MINCHEFF

b. No authority granted to: _____



Signature of authorized representative

RICHARD MINCHEFF

Typed or printed name of signature

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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