

L15000112340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

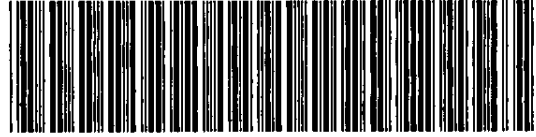
(Business Entity Name)

(Document Number)

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

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2016 APR -5 P 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 06 2016

S MASON

LAW OFFICES  
**SULLIVAN, ADMIRE & SULLIVAN**  
PROFESSIONAL ASSOCIATION  
2555 PONCE DE LEON BOULEVARD, SUITE 320  
**CORAL GABLES, FLORIDA 33134-6082**

JOHN C. SULLIVAN (1890-1957)  
JACK G. ADMIRE  
JOHN C. SULLIVAN JR.  
JOHN G. ADMIRE  
ROBERT O. ADMIRE (1961-2006)  

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MICHELLE A. QUINTANA

AREA CODE 305  
TELEPHONE 444-6121  
FAX 444-5508  
E-MAIL [info@sullivanadmire.com](mailto:info@sullivanadmire.com)  
WEB PAGE [www.sullivanadmire.com](http://www.sullivanadmire.com)

March 28, 2016

CERTIFIED/RETURN RECEIPT  
US MAIL  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

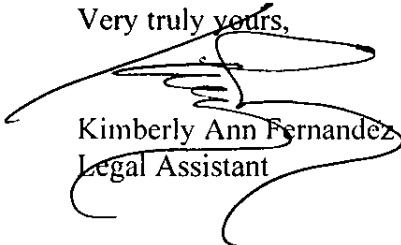
RE: Statement of Authority-USA Special Realty LLC

Dear Sir/Madam:

Enclosed please find check no. 31712 for \$55.00 payable to the Division of Corporations in payment of filing the Statement of Authority and return of a certified copy with regards to the above referenced entity. Kindly, mail the certified copy to me in the self addressed envelope provided at your earliest convenience.

Should you have any questions, please give me a call at the number above.

Very truly yours,

  
Kimberly Ann Fernandez  
Legal Assistant

enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** USA Special Realty LLC, a Florida limited liability company

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:

**Kimberly Ann Fernandez/Legal Assistant**

Name of Person

**Sullivan, Admire & Sullivan, P.A.**

Firm/Company

**2555 Ponce de Leon Blvd., Suite 320**

Address

**Coral Gables, FL 33134**

City/State and Zip Code

**kim.fernandez@sullivanadmire.com**

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

For further information concerning this matter, please call:

**Kimberly Ann Fernandez**

at (

**305**

**444-6121**

) 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: USA Special Realty LLC, a Florida limited liability company

**SECOND:** The Florida Document Number of the limited liability company is: L15000112340

**THIRD:** The street address of the limited liability company's principal office is:  
3233 Commerce Parkway  
Miramar, FL 33025

The mailing address of the limited liability company's principal office is:  
32333 Commerce Parkway  
Miramar, FL 33025

**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: \_\_\_\_\_

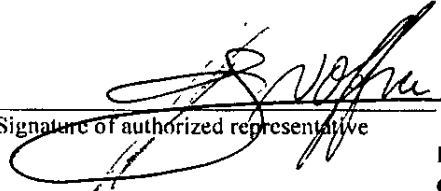
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Alexander Zambrano

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

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2016 APR -5 P 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative

Victor Noffra, Sole Member  
Typed or printed name of signature

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