## 116000015681

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| <u></u>                                 |
| (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



700314683287

700314683287 06/14/18--01003--006 \*\*50.00

18 JUN 13 PM 2: 58

2010 JUN 13 AM 68

J. HARRIS

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FIND ATTACHED STATEMENT OF AUTHORITY FOR:

FERGE LLC

PLEASE RETURN A STAMPED COPY

CK# 808 FOR \$5

FOR \$50.00 (\$25.00 for this filing)

## STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this limite authority:  Mill  |   |
|--|---|
| FIRST: The name of the limited liability company is: Mill  |   |
| SECOND: The Florida Document Number of the limited li  | iability company is:L16000015681              |
| THIRD: The street address of the limited liability company 2645 Executive Drive  | y's principal office is:                      |
| Suite 306  |   |
| Weston El 33331  |   |
| The mailing address of the limited liability comp 2645 Executive Drive   | any's principal office is:                    |
| Suite 306  |   |
| Weston, FL 33331   |   |
| Person on the following:  1. May execute an instrument transferring real properties at the control of the contr | roperty held in the name of the company.      |
| b. No authority granted to:  |   |
| 2. May enter into other transactions on behalf of  | f, or otherwise act for or bind, the company. |
| a. Granted to: Carlos Izarra   |   |
| b. No authority granted to:  | <b>A</b> 7                                    |
| ( ) like   | Antonio G. Izarra                             |
| Signature of authorized representative   | Typed or printed name of signature            |