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COVER LETTER

SUBJECT: HOME VENTURE INVES		
Name (of Limited Liability Cor	mpany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)) are submitted for filing	j.
Please return all correspondence concerning this	is matter to the followin	g:
ERIC MALINASKY		
Name of Person		_
HOME VENTURE INVESTMENTS,	, LLC	
Firm/Company	10	_
9700 STIRLING RD. SUITE 110		
Address	·	_
COOPER CITY, FL 33024		
City/State and Zip Code		no.
HOMEVENTUREINVESTMENTS@	GMAIL.COM	
E-mail address: (to be used for future	annual report notification	on)
For further information concerning this matter,	please call:	
ERIC MALINASKY	954	682-6366
Name of Person	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:

HOME VENTURE INVESTMENTS, LLC

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

L16000054143

THIRD: The street address of the limited liability company's principal office is:

9700 STIRLING RD SUITE 110

COOPER CITY, FL 33024

The mailing address of the limited liability company's principal office is: 9700 STIRLING RD SUITE 110

COOPER CITY, FL 33024

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: ERIC MALINASKY OR TAL LEVINSON
 - 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: ERIC MALINASKY OR TAL LEVINSON
 - b. No authority granted to:

Signature of authorized representative

ERIC MALINASKY

Typed or printed name of signature

Filing Fee:

\$25,00

Certified Copy: \$30.00 (optional)