

L16000081095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

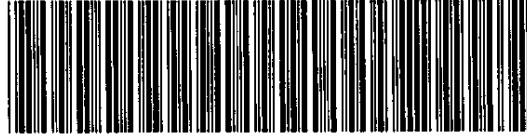
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200288624622

08/08/16--01042--028 \*\*55.00

FILED  
2016 AUG -8 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 9



**PERLAND TITLE &  
ESCROW SERVICES CORP**

August 3, 2016

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL. 32314

**Re: OPPET HAV, LLC**

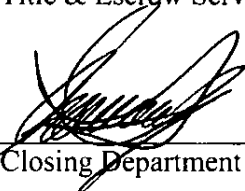
---

Dear Sir/Madam:

Enclosed please find check no.416 in the amount of \$55.00, representing payment pertaining to the filing fee of \$25.00 and \$30.00 fee for the certified copy of the Statement of Authority attached. A self addressed stamped envelope is enclosed to return the certified copy for the above referenced real estate transaction.

If you have any questions, please do not hesitate to contact our office.

Sincerely,  
Perland Title & Escrow Services Corp.

By:   
Post Closing Department

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPPET HAV, LLC

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:

Suzett Ortiz

Name of Person

c/ Perland Title & Escrow Services Corp

Firm/Company

9100 S Dadeland Blvd, Ste 514

Address

Miami, FL 33156

City/State and Zip Code

closings@perlandtitle.com

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

For further information concerning this matter, please call:

Suzett Ortiz

Name of Person

305

Area Code

8467880

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: OPPET HAV, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000081095

**THIRD:** The street address of the limited liability company's principal office is:  
C/O 199 SW 12TH AVENUE SUITE 4 MIAMI, FL 33130

The mailing address of the limited liability company's principal office is:  
C/O 199 SW 12TH AVENUE SUITE 4 MIAMI, FL 33130

FILED  
2016 AUG -8 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

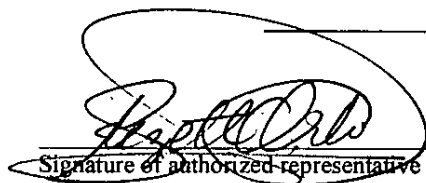
a. Granted to: Suzett Ortiz

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: Suzett Ortiz

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

  
Signature of authorized representative

Suzett Ortiz

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)