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## **COVER LETTER**

TO: Registration Section Division of Corporations	
APRILIS USA LLC	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
Andrey Matyukhin	
Name of Person	
APRILIS USA LLC	
Firm/Company	<del></del>
2780 NE 183 ST APT 611	
Address	
AVENTURA, FL 33160	
City/State and Zip Code	
yurymosha@gmail.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, please	e call:
Andrey Matyukhin	646 4770500
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 liauthority:	iability company submits the following statement of
FIRST: The name of the limited liability company is: APRII	LIS USA LLC
SECOND: The Florida Document Number of the limited liabi	lity company is:
THIRD: The street address of the limited liability company's 2780 NE 183 ST	principal office is:
APT 611	1 JAN
	HASS
The mailing address of the limited liability company	ero 💻
APT 611	
AVENTURA, FL 33160	
1. May execute an instrument transferring real proper a. Granted to:	erty held in the name of the company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or a. Granted to:	otherwise act for or bind, the company.
b. No authority granted to:	
ANDRY MATYUKhin Signature of authorized representative	Andrey Matyukhin
Filing Fee:	Typed or printed name of signature \$25.00 \$30.00 (optional)

CR2E138 (2/14)