## L16000129756

| (Requ                                   | iestor's Name)  |             |
|---|-----------------|-------------|
| (Address)                               |                 |             |
| (Addr                                   | ess)            |             |
| (City/                                  | State/Zip/Phone | e #)        |
| PICK-UP                                 | WAIT            | MAIL        |
| (Busi                                   | ness Entity Nar | ne)         |
| (Document Number)                       |                 |             |
| Certified Copies                        | Certificates    | s of Status |
| Special Instructions to Filing Officer: |                 |             |
|   |                 |             |
|   |                 | :           |
|   |                 |             |

Office Use Only



100289200061

08/18/16--01024--005 \*\*110.00

2016 AUG 18 PM 2: 32

K.SAI.Y EXAMINER AUG 19

## LAW OFFICES OF ROBERT FELDMAN, P.A.

SUITE 500 55 NORTHEAST 5TH AVENUE BOCA RATON, FLORIDA 33432

(561) 392-6090 FAX (561) 395-4701 ROBERT@RFELDLAW,COM

August 15, 2016

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

> Re: Statement of Authority Final Fresh Start, LLC and Ruzco, LLC

To whom it may concern,

Please find enclosed a Statement of Authority for the above entities. Please provide me with a Certified copy of Statement of Authority. I am enclosing my check in the amount of \$110.00 for same.

Very truly yours,

Robert Feldman

RF/1b enc.

## **COVER LETTER**

| Division of Corporations   |  |  |
|--|--|--|
| SUBJECT: Finally Fresh Start 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:                  |  |  |
| Robert Feldman   |  |  |
| Name of Person   |  |  |
|  |  |  |
| Firm/Company   |  |  |
| 55 NE 5th Ave  |  |  |
| Address  |  |  |
| Boca Raton, Fl 33432   |  |  |
| City/State and Zip Code  |  |  |
| YAIR 923 @ GMail. (DM.  E-mail address: (to be used for future annual report notification) |  |  |
| For further information concerning this matter, please call:                               |  |  |
| Name of Person at (954) 520009  Name of Person Area Code Daytime Telephone Number          |  |  |
| Name of Ferson Area Code Daytime Telephone Number  |  |  |
| CTDERT/COURTED ADDRESS. MAILING ADDRESS  |  |  |

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 authority:  |                                    |
|---|------------------------------------|
| FIRST: The name of the limited liability company is: Finally Fre  | esh Start LLC                      |
| SECOND: The Florida Document Number of the limited liability co   | ompany is: L16000129756            |
| THIRD: The street address of the limited liability company's princip 5830 NW 77 Terr  | pal office is:                     |
| Parkland, Fl. 33067   | LEATH SE                           |
| The mailing address of the limited liability company's prin   | pal office is:                     |
| Parkland, Fl 33067  |                                    |
| person on the following:  1. May execute an instrument transferring real property he  a. Granted to: Yair Argov or Uri Gavish | eld in the name of the company.    |
| b. No authority granted to:   | <del></del>                        |
| 2. May enter into other transactions on behalf of, or other a. Granted to: Yair Argov or Uri Gavish                           | wise act for or bind, the company. |
| b. No authority granted to:   |                                    |
|   | YAIR ARGOY                         |
| Signature of authorized representative  Filing Fee: \$25.00 Certified Copy: \$30.00   |                                    |

CR2E138 (2/14)