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(Requestor's Name) (Address) (Address)	300331915673
(City/State/Zip/Phone #)	07/23/191110 07/23/191110 23 PX 1+12
Office Use Only	Y SHIKER JUL 3 V 2019

TO: Registration Section Division of Corporations

YAD ASSETS 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:

Eliyahou Rouimi

Name of Person

YAD ASSETS LLC

Firm/Company

2450 HOLLYWOOD BLVD SUITE 503

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

eli@eroestate.com

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

For further information concerning this matter, please call:

Eliyahou Rouimi at (786) 3446620 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

CR2E138 (2/14)

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: YAD ASSETS LLC

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

2450 HOLLYWOOD BLVD SUITE 503

HOLLYWOOD, FL 33020

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

2450 HOLLYWOOD BLVD SUITE 503

HOLLYWOOD, FL 33020

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: Eliyahou Rouimi
- b. No authority granted to: <u>YAD REALTY LLC</u>

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company,

- a. Granted to : Eliyahou Rouimi
- b. No authority granted to: ______

Signature of authorized representative

Eliyahou Rouimi

Typed or printed name of signature

11.23 PX 1: 12

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)