

L17000E6324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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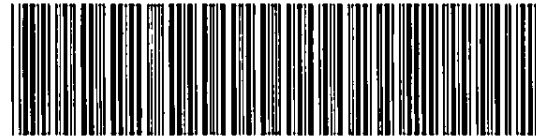
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trio H, 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:

Jerome S. Levin

Name of Person

Levin Law, LC

Firm/Company

1444 First Street, Suite A

Address

Sarasota, FL 34236

City/State and Zip Code

[linda@levinmediation.com](mailto:linda@levinmediation.com)

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

For further information concerning this matter, please call:

Jerome S. Levin

at (

941

Area Code

953 5300

Daytime Telephone Number

Name of Person

**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

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Prepared by and Return To:

Levin Law  
1444 First Street, Ste. A  
Sarasota, FL 34236

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

- FIRST: The name of the limited liability company is: **TRIO H, LLC**
- SECOND: The street address of the limited liability company's principal office is: **1221 1<sup>st</sup> Street, Sarasota, FL 34236**
- The mailing address of the limited liability company's principal office is: **1221 1<sup>st</sup> Street, Sarasota, FL 34236**
- THIRD: 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, agent 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: **Jerome Levin, Esq. 1444 First Street, Suite A, Sarasota, Florida 34236**
    - b. No authority granted to:
  2. May enter into other transactions on behalf of, or otherwise act to bind the company.
    - a. Granted to: **Jerome Levin, Esq. 1444 First Street, Suite A, Sarasota, Florida 34236**
    - b. No authority granted to:
  3. May delegate authority to third persons by written document to act on behalf of said person.
    - a. Granted to: **Jerome Levin, Esq. 1444 First Street, Suite A, Sarasota, Florida 34236**
    - b. No authority granted to:

  
\_\_\_\_\_  
Signature of Authorized representative

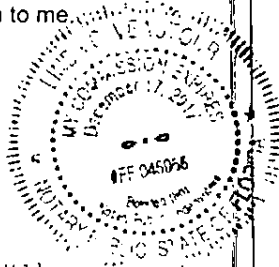
Nadav Haetzni  
\_\_\_\_\_  
Print Name

I hereby attest that this is a certified copy of the written document.

State of Florida  
County of Sarasota

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of November, 2017 by Nadav Haetzni, who are personally known to me.

  
\_\_\_\_\_  
Notary Public



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NOV 20 2017