1700091983

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DEC 2.2 MAT

TO: **Registration Section** Division of Corporations

1750 NE 191 ST 611-2 LLC Name of Limited Liability Company SUBJECT:

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:

Nir Sela Name of Person 1750 NE 191 ST 6/1-2 LLC Firm/Company 1750 NE 191 ST #-611-2 Address North Miami beach, Fl 33179 City/State and Zip Code NirSELA1211@ Yahoo.coh E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nir Sche at (305) 896-9774 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)

CFN: 20170703882 BOOK 30793 PAGE 4444 DATE:12/15/2017 08:28:27 AM HARVEY RUVIN, CLERK OF COURT, MIA-DADE CTY

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: 1750 NE 191 ST GII-2, LLC

1,17000091983 SECOND: The Florida Document Number of the limited liability company is:

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

770 NE	193rd 5+	
Miami, F	- <u>33179-3979</u>	

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

ami

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:

 May execute an instrument transferring real property held in the name of the company. a. Granted to: <u>NIT Selo</u> 	 :- •c	2817	
a. Granted to: <u>NY 11 SCA</u>	- -	013	F
b. No authority granted to: N/A		<u> </u>	
	-	14 14 2	
 May enter into other transactions on behalf of, or otherwise act for or bind, the company a. Granted to: <u>Niv Sela</u> 	-	22	
b. No authority granted to: N/A .			
Nir Sch Semilurent authorized representative Typed or printed name of sig		_	
Signature of authorized representative Signature of authorized representative Filing Fee: \$25.00	Janute		

Ccrtified Copy: \$30.00 (optional)

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