

L18000039731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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MAR 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE MEDICAL TRANSIT 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:

MICHAEL I BERNSTEIN

Name of Person

THE BERNSTEIN LAW FIRM

Firm/Company

3050 BISCAYNE BLVD, SUITE #403

Address

MIAMI, FL 33137

City/State and Zip Code

MELISSA@BERNSTEIN-LAWFIRM.COM

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

For further information concerning this matter, please call:

MICHAEL BERNSTEIN at (305) 672-9544
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 liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: ELITE MEDICAL TRANSIT LLC

SECOND: The Florida Document Number of the limited liability company is: L18000039731

THIRD: The street address of the limited liability company's principal office is:
3050 BISCAYNE BOULEVARD
SUITE #403
MIAMI, FLORID 33137

The mailing address of the limited liability company's principal office is:
3050 BISCAYNE BOULEVARD
SUITE #403
MIAMI, FLORIDA 33137

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: SCHRAGIE GOLDBLATT, MEMBER

b. No authority granted to: ALEX CASTRO, MANAGER UNLESS
APPROVED IN WRITING BY MEMBER

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

a. Granted to: SCHRAGIE GOLDBLATT, MEMBER

b. No authority granted to: ALEX CASTRO, MANAGER UNLESS
APPROVED IN WRITING BY MEMBER

[Handwritten signature]
Signature of authorized representative

SCHRAGIE GOLDBLATT
Typed or printed name of signatur

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

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