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COVER LETTER

то:	Registration Section 3 Division of Corporations	·	•
SUBJE	Dred Holdings LLC		
SUBJE		imited Liability Com	pany
Dear Si	r or Madam:		
The enc	closed Statement of Authority and fee(s) are	submitted for filing.	
Please r	return all correspondence concerning this m	natter to the following	:
Rami	Shahmram		
	Name of Person	 	
Dred	Holdings LLC		
	Firm/Company		•
5130	N federal Hwy STE 7		
	Address		•
Fort L	auderdale, FL, 33308		
	City/State and Zip Code		
rami@	⊉biggerequity.com		
	E-mail address: (to be used for future ann	ual report notification	n)
For furt	her information concerning this matter, ple	ase call:	
Rami	Shahmram	754	300-9538
	Name of Person	at (Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILIN	GG ADDRESS:
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		see. Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the authority:	ne following statement of
FIRST: The name of the limited liability company is: Dred Holdings LLC	2019 FEB 12 PM 5: 13
	TALLAHASSEE.FL
140000	
SECOND: The Florida Document Number of the limited liability company is: L18000	23543 <i>/</i>
THIRD: The street address of the limited liability company's principal office is: 5130 N Federal Hwy, Suite 7	
Fort Lauderdale, FL 33308	
The mailing address of the limited liability company's principal office is: 5130 N Federal Hwy, Suite 7	
Fort Lauderdale, FL 33308	
FOURTH: This statement of authority grants or sets limitations of authority on all person position of a person in a company, whether as a member, transferee, manager, officer or o person on the following: 1. May execute an instrument transferring real property held in the name of the a. Granted to: Rami Shahmram, Eden Sade, Dor Sade	therwise or to a specific
b. No authority granted to: Daniel Sasson	
2. May enter into other transactions on behalf of, or otherwise act for or bind, to a. Granted to: Rami Shahmram, Eden Sade, Dor Sade	the company.
b. No authority granted to: Daniel Sasson	
Ini, Shahmr	am
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	I name of signature