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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Eiling Officer	
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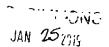


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SECRETARY OF STATE
ALL AHASSEE FLORIDA



## COVER LETTER

TO: Registration Section Division of Corporations		
COLLECTOR, LLC.		
SUBJECT: Name of I	Limited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this n	natter to the following	:
FREDERIC BARTHE ESQ.		
Name of Person		
Firm/Company		
17 SE 24TH AVE 2ND FLOOR		
Address		
POMPANO BEACH FL 33062		
City/State and Zip Code		
FBARTHELAW@GMAIL.COM		
E-mail address: (to be used for future and	nual report notification	1)
For further information concerning this matter, plo	ease call:	
FREDERIC BARTHE	954	784-2800
Name of Person	at (at Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

## STATEMENT OF AUTHORITY

nuthority: FIRST: The name of the limited liability company is:	OR, LLC.
TRST: The name of the limited hability company is:	
ECOND: The Florida Document Number of the limited liability co	ompany is:
HIRD: The street address of the limited liability company's princip 4330 NE 2ND AVE.	pal office is:
MIAMI FL 33137	
The mailing address of the limited liability company's prin 4330 NE 2ND AVE.	ncipal office is:
MIAMI FL 33137	温息 5
FOURTH: This statement of authority grants or sets limitations of a person in a company, whether as a member, transferee, the serson on the following:  1. May execute an instrument transferring real property he a. Granted to: HARRY BENITAH	manager, officer or otherwise or to a specific
b. No authority granted to:	
2. May enter into other transactions on behalf of, or other a. Granted to: HARRY BENITAH including but not limited to opening	
b. No authority granted to:	
	FREDERIC M. BARTHE, ESQ.
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00	