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Phone : (215)299-2162 Fax Number : (215)299-2150

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIVE SMILES LLC

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4/10/2019

APR 1 5 2019

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To:



## STATEMENT OF AUTHORITY

Pursuant to §605.0302(1), Florida Statutes. This limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is FIVE SMILES LLC

**SECOND**: The Florida Document Number of the limited liability company is L19000089861.

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

70 Camden Drive Bal Harbour, FL 33154

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

70 Camdon Drive Bal Harbour, FL 33154

**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, transferce, manager, officer, or otherwise or to a specific person on the following:

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

No authority granted to Sharon Mizrahi to take action on behalf of the Company except as otherwise provided in the Operating Agreement of the Company, as amended from time to time.

Thomas Oppenheimer, Authorized Representative

850-617-6381

4/11/2019 10:36:59 AM PAGE

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April 11, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FIVE SMILES LLC 70 CAMDEN DRIVE BAL HARBOUR, FL 33154US

SUBJECT: FIVE SMILES LLC

REF: L19000089861

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III FAX Aud. #: 819000118373 Letter Number: 719A00007288