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| (Bu                     | siness Entity Name                      | <u>.                                    </u> |
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| Certified Copies        | _ Certificates C                        | or Status                                    |
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| Special Instructions to | Filing Officer:                         |  |
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## **COVER LETTER**

| SUBJECT: 100ty 05. UC Name of Limited Liability Compa                     | any                                  |
|---|--------------------------------------|
| 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: |                                      |
| Dothan Yosef Name of Person   |                                      |
| Firm/Company  |                                      |
| 545 Werrow Dr. Address  |                                      |
| Michani Beaule FL 33140.  City/State and Zip Code                         |                                      |
| E-mail address: (to be used for future annual report notification)        |                                      |
| For further information concerning this matter, please call:              |                                      |
| Dorthan Yosef at (305) Name of Person Area Code                           | 205 · 4447  Daytime Telephone Number |
| Mailing Address: Se   | treet Address:                       |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of

| <del></del> .         | The name of the limited liability company is: Doty 05. UC  |           |
|-----------------------|--|-----------|
| ECON                  | 2: The Florida Document Number of the limited liability company is: L 2000719  | <u>F1</u> |
| HIRD;                 | The street address of the limited liability company's principal office is:   |           |
|                       | 727 Collins Are wite 201   |           |
|                       | Mirani Beach. Fl. 33139  |           |
|                       | The mailing address of the limited liability company's principal office is:  |           |
|                       | Miani Bach FL 33140.   |           |
| osition o<br>erson or | 1: This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a spet the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to: 100-1620 1086 |           |
|                       | b. No authority granted to:  |           |
| :                     | May enter into other transactions on behalf of, or otherwise act for or bind, the company.   |           |
|                       | a. Granted to: Dathan Yoset.   |           |
|                       | b. No authority granted to:  |           |
|                       |  |           |
| 10000                 | Dothon Josef  Typed or printed name of signature   |           |