

S27568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

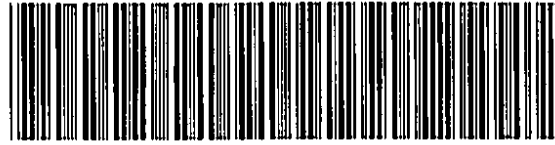
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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UPW

R. WHITE

DEC 27 2017

FILED
17 DEC 21 PM 12:15
STATION 1100
FBI LABORATORY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pepito, Inc.

DOCUMENT NUMBER: S27568

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin Rothbard

(Name of Contact Person)

Mendez Rothbard Molieri & Co. LLC

(Firm/Company)

2875 NE 191st Street, Suite 703

(Address)

Aventura, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin Rothbard

at (305) 937-0330
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Pepito, Inc.

SECOND: The document number of the corporation (if known): S27568

THIRD: The date dissolution was authorized: December 1, 2017

Effective date of dissolution if applicable: December 31, 2017

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

POA Sandra Levy
(voting group)

Signature:

POA Sandra Levy
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Ellie Bernstein

Sandra Levy

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
17 DEC 21 PM 12:15
TALLAHASSEE, FLORIDA

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Pepito, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

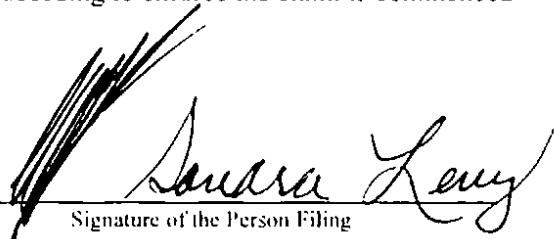
Name, Address, Telephone #, Amount of the claim, date and nature of the claim, and copy of original invoice.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ellie A. Bernstein, P.A., 3791 North 32 Avenue, Hollywood, FL 33021

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

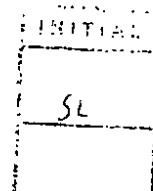
Sandra Levy
Ellie Bernstein, POA
Printed Name of the Person Filing


Signature of the Person Filing

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, SIDNEY LEVY, presently residing in Miami-Dade County, Florida, do hereby revoke any and all prior Powers of Attorney which I may have granted and, effective this 30 day of Nov, 2015, have made, constituted and appointed and, by these presents, do make, constitute and appoint SANDRA LEVY and ELLIE BERNSTEIN, or the survivor of them, true and lawful attorneys for me and in my name, place and stead, giving and granting unto SANDRA LEVY and ELLIE BERNSTEIN, the attorneys, full power and authority to do and perform each and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all which they, the attorneys, shall lawfully do or cause to be done by virtue hereof. This power shall only be exercisable jointly by my attorneys. The power granted herein shall include the authority to conduct banking transactions as provided in *Florida Statute §709.2208(1)*, the authority to conduct investment transactions as provided in *Florida Statute §709.2208(2)* and shall also include, but not be limited to, the following:

1. to represent me in all financial matters to the fullest possible extent which could be included in a power of attorney;
2. to demand, collect, sue for, receive and receipt for all sums of money and other property that may be payable or belong to me;
3. to sell and convey, to such person or persons at such price, either for cash or upon such terms of credit or both, as my attorney may deem advisable, any property which I may now or hereafter own including, but not by way of limitation, real and personal property, including, but not limited to, my current homestead and any subsequently-obtained homestead realty, furniture, jewelry, automobiles, chattels of all kinds, stocks, bonds, mortgages, securities and tangible property of all kinds; all property held in any type of joint tenancy, including a tenancy-in-common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which the principal holds a general, limited, or a special power of appointment; choses in action; and all other contractual or statutory rights or election, including, but not limited to, any rights or elections in any probate or similar proceeding to which the principal is or may become entitled. In the event the attorney is my spouse, to join in any mortgage or conveyance of my homestead real property.
4. to purchase, from such person or persons at such price, either for cash or upon such terms of credit or both, as my attorney may deem advisable, any property including, but not by way of limitation, real property, furniture, jewelry, automobiles and chattels of all kinds, stocks, bonds, mortgages, securities and intangible property of all kinds;
5. to endorse any checks or negotiable instruments that may be payable to me, to cash any such checks or negotiable instruments and, if my said attorney deems it advisable, to deposit same in a bank account in my name in any bank or banking institution;
6. to pay any of my bills or obligations;
7. to draw, accept, endorse or otherwise deal with any checks or other commercial or mercantile instruments, specifically including, but not by way of limitation, the right to make withdrawals from any savings account, checking account, money market account or any other types of account held with any governmental entity or financial institution;
8. to have access to, enter, remove from and make additions to the contents of any safe deposit box which I may rent or have access to, whether standing in my name alone or jointly with another;
9. to borrow money and execute such notes, mortgages, pledges or other agreements upon such terms and with such security as my attorney shall deem necessary or incidental thereto;
10. to prepare and file returns for, to pay, and to settle and adjust any taxes, whether income, property or otherwise, which I may owe, which I may



have overpaid, which may be assessed against me or my property or for which I am required to file a return;

11. to prosecute, defend and settle all actions or other legal proceedings touching my estate or any part of it or touching any matter in which I may be concerned in any way;

12. to vote any corporate shares which I may own, either personally or by proxy, with or without power of substitution, to exercise any option or privilege, and to enter into any plan of liquidation, reorganization, consolidation or other financial readjustment of any corporation in connection with any securities which I may own;

13. to redeem bonds or other instruments issued by the *United States government* or any of its agencies, any other bonds, and any certificates of deposit or other similar assets belonging to me;

14. to sell bonds, shares of stock, warrants, debentures or other assets belonging to me, to execute all assignments and other instruments necessary or proper for transferring them to the purchaser or purchasers, and to give good receipts and discharges for all money payable in respect to them;

15. to invest the proceeds of any redemptions or sales and any other of my money in bonds, shares of stock and other securities as my attorney shall think fit;

16. to execute any tax return on my behalf, to act for me in any examination, audit, hearing, conference or litigation relating to taxes, including authority to file and prosecute refund claims, to enter into any settlements, and to make any tax election;

17. to sell, convey, rent, lease for any term, or exchange any real estate or interests in it for such consideration and upon such terms and conditions as my attorney may see fit and to execute, acknowledge and deliver all instruments conveying or encumbering title to property owned by me;

18. to purchase bonds or other instruments issued by the United States which can be applied at face or maturity value on account of estate tax liabilities, commonly known as "flower bonds;"

19. to sign, execute, acknowledge and deliver any deed or other instrument of transfer or conveyance conveying personal property or real estate wherever situated to the trustee or trustees of any living trust agreement created by me by instrument prior to or subsequent to the date of this *Durable Power of Attorney* and to act as attorney-in-fact in my place and stead during my life with respect to my living trust agreement with all authority to act in my place and with all powers contained herein;

20. to collect amounts due to the principal and qualify the principal for various government entitlements such as *Medicaid* or *Supplemental Social Security*, including the power to renounce or disclaim an inheritance and/or insurance proceeds, to divest me of sufficient assets to qualify for medical assistance or to convert my assets into assets to be owned by me which are exempt from the resources allowable under the *Medicaid Rules and Regulations*, and to change my domicile to another state where the *Medicaid Eligibility* rules are more favorable;

21. to represent me as an attorney-in-fact before the *Internal Revenue Service* for any and all tax matters. The aforescribed representation before the *Internal Revenue Service* shall include, but shall not be limited to, the authority to receive and inspect confidential tax information and to perform any and all acts which I could perform with respect to any and all tax matters, i.e., the authority to make and sign any agreements, consents and other documents, to receive refund checks and the power to sign returns, as authorized by the *Internal Revenue Service*.

22. to establish a new residency or domicile for me from time to time and at any time, within or without the state and within or without the *United*

States, for such purpose as my attorney deems appropriate, including, but not limited to, any purpose for which this instrument was created;

23. to create and contribute to an employee benefit plan (including a plan for a self-employed individual) for my benefit; to select any payment option under any IRA or employee benefit plan in which I am a participant (including plans for self-employed individuals) or to change options I have selected; to make voluntary contributions to such plans; to make "roll-overs" of plan benefits into other retirement plans; to apply for and receive payments; to waive rights given to non-employee spouses under state or federal law; to borrow money and purchase assets therefrom and sell assets thereto, if authorized by any such plans; to make and change beneficiary designations, including revocable and/or irrevocable designations; to consent and/or waive consent in connection with the designation of beneficiaries and the selection of joint and survivor annuities under any employee benefit plan;

24. to continue the operation of any business (including a ranch or farm) belonging to me or in which I have a substantial interest, for such time and in such manner as my attorney shall deem appropriate, including but not limited to hiring and discharging my employees, paying my employees' salaries and providing for employee benefits, employing legal, accounting, financial and other consultants; continuing, modifying, terminating, renegotiating and extending any contractual arrangements with any person, firm, association or corporation whatsoever made by me or on my behalf; executing business tax returns and other government forms required to be filed by my business, paying all business related expenses, transacting all kinds of business for me in my name and on my behalf, contributing additional capital to the business, changing the name and/or the form of the business, incorporating the business, entering into such partnership agreement with other persons as my attorney shall deem appropriate, joining in any plan or reorganization, consolidation or merger of such business, selling, liquidating or closing out such business at such time and upon such terms as my attorney shall deem appropriate and representing me in establishing the value of any business under "Buy-Out" or "Buy-Sell" agreements to which I may be a party; to create, continue or terminate retirement plans with respect to such business and to make contributions which may be required by such plans; to borrow and pledge business assets; to exercise any right, power, privilege or option I may have or may claim under any contract of partnership whether as a general, special or limited partner; to modify or terminate my interest upon such terms and conditions as my attorney may deem appropriate; to enforce the terms of any such partnership agreement for my protection, whether by action, proceeding or otherwise as my attorney shall deem appropriate; to defend, submit to arbitration, settle or compromise any action or other legal proceeding to which I am a party because of my membership in such partnership;

25. to utilize all lawful means and methods to recover assets and/or rights, qualify me for benefits and claim such benefits on my behalf. The authority herein granted shall include but not be limited to converting my assets into assets that do not disqualify me from receiving such benefits or divesting me of such assets. In any divestment actions or asset conversions, I direct that my attorney, to the extent reasonably possible, avoid disrupting the dispositive provisions of any estate plan of mine known to my attorney whether or not such estate plan is embodied in a will, a trust, non-probate property or otherwise. If it is necessary to disrupt such plan, then my attorney is directed to use my attorney's best efforts to restore such plan as and when the opportunity to do so is available to my attorney. If a transfer of cash by my attorney is made to a pecuniary legatee under my will, my attorney shall ensure that such transfer is deemed a satisfaction of such legacy, *pro tanto*;

26. to elect or take against the Last Will and Testament of my deceased spouse and/or any other person, if appropriate, including, but not limited to elective share rights, to retain any property which I have the right to elect to retain; to file petitions pertaining to the election, including petitions to extend the time for electing and petitions for orders, decrees and judgments; and to take all other actions that my attorney deems appropriate in order to effectuate the election; provided, however, that if any such actions by my attorney require the approval of any court, my attorney is authorized to seek such approval;

27. to institute, supervise, prosecute, defend, intervene in, abandon, compromise, arbitrate, settle, dismiss and appeal from any and all legal,

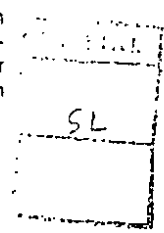
equitable, judicial or administrative hearings, actions, suits, proceedings, attachments, arrests or distresses, involving me in any way, including but not limited to claims by or against me arising out of property damages or personal injuries suffered by or caused by me or under such circumstances that the loss resulting therefrom will or may be imposed on me and otherwise engage in litigation involving me, my property or any interest of mine, including any property or interest or person for which or whom I have or may have any responsibility; to seek on my behalf and at my expense (a) a declaratory judgment from any court of competent jurisdiction interpreting the validity of this instrument and any of the acts authorized by this instrument, but such declaratory judgment shall not be necessary in order for my attorney to perform any act authorized by this instrument; (b) a mandatory injunction requiring compliance with my attorney's instructions by any person, organization, corporation or other entity obligated to comply with instructions given by me; and (c) actual and punitive damages against any person, organization, corporation or other entity obligated to comply with instructions given by me who negligently or willfully fails or refuses to follow such instructions;

28. to open, read, respond to and redirect my mail; to represent me before the *U.S. Postal Service* in all matters relating to mail service; to establish, cancel, continue or initiate my membership in organizations and associations of all kinds, to take and give or deny custody of all of my important documents, including but not limited to my will, codicils, trust agreements, deeds, leases, life insurance policies, contracts and securities and to disclose or refuse to disclose such documents; to obtain and release or deny information or records of all kinds relating to me, any interest of mine or to any person for whom I am responsible; to house or provide for housing, support and maintenance of any animals or other living creatures that I may own and to contract for and pay the expenses of their proper veterinary care and treatment; and if the care and maintenance of such animals or other living creatures shall become unreasonably expensive or burdensome in my attorney's opinion, to irrevocably transfer such animals to some person or persons willing to care for and maintain them;

29. to waive any physician-patient privilege or other medical provider privilege. The foregoing shall also apply to, but not be limited to, any information to which I would be entitled that is or may be directly or indirectly protected within the scope of the *Health Insurance Portability and Accountability Act ("HIPAA")* as presently in effect and as subsequently may be amended; and

To exercise the following powers on my behalf with regards to my estate plan or gifting program; provided, however, should my attorney not be related to me, then the following powers shall not be used to benefit my attorney or anyone to whom my attorney has a support obligation:

30. to transfer, convey, assign, contribute and/or gift any personal, real property, or mixed, including life insurance and annuity policies, to the trustee of my revocable living trust if I currently have one. In addition, my attorney shall have the power to establish a *Medicaid Income Trust*, a *Personal Services Contract*, or an *Irrevocable Disability Trust* pursuant to *Title 42 U.S.C. §1396* for purposes of qualifying me for Medicaid or other governmental assistance under a state plan to which my attorney shall have the power to apply on my behalf (which shall include the right to have access to all information regarding my income and assets), and shall also have the power to transfer, convey, assign, contribute and/or gift any personal, real property or mixed, including life insurance and annuity policies, to any newly created trust even if the amount gifted exceeds the annual gift tax exclusion; if a child of mine has a disability and is receiving *Medicaid*, *SSI* or other government benefits (or would otherwise be eligible for such benefits), my attorney shall have the power to pay to or apply for the benefit of my child such amounts as my attorney, in my attorney's sole, absolute and uncontrolled discretion, may from time to time determine desirable for my child's use and benefit. My attorney shall have the absolute right to refuse to make any payment to or for the benefit of my child, and neither my child nor any representative of my child shall have the right to demand any such distribution from my attorney. Payments by my attorney shall supplement (but not supplant) government benefits received by my child. In addition, my attorney may establish and fund with my assets an *Inter-vivos* third-party discretionary non-support special needs trust with spendthrift provisions for the benefit of my child with a disability during his or her lifetime, and upon such



child's death, the trust residue shall be distributed consistent with my Revocable Trust Agreement;

SL

Initial

31. to do any and all other acts, whether of a similar or different character, which I could do if personally present, it being the intention of this instrument to give my agent and attorney every power which could be incorporated into any power of attorney.

It is hereby declared that everything my attorney shall do or cause to be done under the provisions hereof after revocation of this Power of Attorney shall be valid and effectual in favor of any person or entity claiming the benefit hereof who relied upon this instrument and had no knowledge or notice of such revocation. Additionally, it is hereby declared that no revocation, termination or suspension of this Power of Attorney shall occur without written notice thereof served upon my attorney and any such third party pursuant to *The Florida Power of Attorney Act, Florida Statute §709.2101, et al.*; my attorney is not liable for any acts or decisions made by him or her in good faith and under the terms of this *Durable Power of Attorney*. Any third party who acts in reliance upon the authority granted to the attorney under the *Durable Power of Attorney* and, in accordance with the instructions of the attorney, shall be held harmless by the principal from any loss suffered or any liability incurred as a result of actions taken prior to receipt of written notice and revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or death of the principal. A person who acts in good faith upon any representation, direction, decision or act of the attorney is not liable to the principal or the principal's estate, beneficiaries, or joint owners for those acts.

This Power of Attorney is a *Durable Power of Attorney* as provided in *The Florida Power of Attorney Act, Florida Statute §709.2101, et al.* Neither this Power of Attorney nor the holder hereof shall be affected by my mental or physical disability except as provided by statute. It is my intent that the power conferred by this instrument shall continue from the date specified below notwithstanding a later disability, incompetency or incapacity of mine, unless otherwise provided by statute.

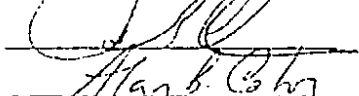
Use of Copies: As provided in the *Florida Statutes, Section 709.2106*, a photocopy or electronically transmitted copy of the original of this *Durable Power of Attorney* shall have the same effect as the original.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 30 day of Nov, 2015.


Signed, sealed and delivered
in the presence of:



Noemi M. Perez
Printed Name of Witness



Alan B. Chaz
Printed Name of Witness

 (SEAL)
SIDNEY LEVY
577 Ocean Boulevard
Golden Beach, Florida 33160

STATE OF FLORIDA

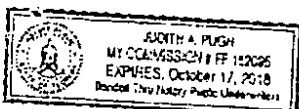
) SS:

COUNTY OF MIAMI-DADE)

THE FOREGOING DURABLE POWER OF ATTORNEY was acknowledged before me
this 30 day of November, 2015, by SIDNEY LEVY.


Notary Public, State of Florida

My Commission Expires:



Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FL driver license

This instrument was prepared by:
ALAN B. COHN
Greenspoon Marder P.A.
200 East Broward Boulevard
18th Floor
Fort Lauderdale, Florida 33301
Telephone: (888) 491-1120

11/24/15
ABC/nll/jpp

HEALTH CARE SURROGATE DESIGNATION
AND MEDICAL DURABLE POWER OF ATTORNEY

To: My physicians, health care providers, health care facilities and all others whom it may concern

I, SIDNEY LEVY, being of sound mind, willfully and voluntarily enter into this Health Care Surrogate Designation and Medical Durable Power of Attorney.

I revoke all prior Health Care Surrogate Designations and Medical Durable Powers of Attorney previously executed by me, but do not revoke any other power of attorney, will or declaration.

In the event I have been determined to be incapacitated, I wish to designate:

my spouse, SANDRA LEVY,

as my surrogate(s) and as my attorney(s)-in-fact for health care decisions, to provide informed consent for medical treatment and surgical and diagnostic procedures, and said surrogate and attorney-in-fact shall have the specific authority stated below.

In the event of the death or the inability or refusal to act of my surrogate and attorney-in-fact, I wish to designate as my alternate surrogate and attorney-in-fact:

my daughter, ELLIE BERNSTEIN.

In this document, I have referred to such person(s) as my "Health Care Surrogate" for convenience.

I fully understand that this Designation will permit my Health Care Surrogate to make health care decisions and to provide, withhold or withdraw consent for medical treatment on my behalf, to apply for public benefits to defray the cost of health care, and to authorize my admission to or transfer from a health care facility. Such person shall have the specific authority to:

consult expeditiously with appropriate health care providers to provide informed consent in my best interest and make health care decisions for me which that person believes I would have made under the circumstances if I were capable of making such decisions;

provide written consent using an appropriate consent form whenever consent is required and, in dealing with hospitals and physicians, sign documents titled or purporting to be a "refusal to permit treatment" and "leaving hospital against medical advice;"

waive any physician-patient privilege or other medical provider privilege. The foregoing shall also apply to, but not be limited to, any information to which I would be entitled that is or may be directly or indirectly protected within the scope of the Health Insurance Portability and Accountability Act ("HIPAA") as presently in effect and as subsequently may be amended. Specifically, I hereby waive the "HIPAA Privacy Rule" with respect to every doctor, psychiatrist, psychologist, dentist, therapist, nurse, hospital, clinic, pharmacy, laboratory, ambulance service, assisted living facility, residential care facility, bed and board facility, nursing home, medical insurance company, or any other medical provider or agent thereof having protected health information (as that term is defined in HIPAA), so that they may disclose the following information to my surrogate and attorney-in-fact: all health care information, reports, and/or records concerning my medical history, condition, diagnosis, testing, prognosis, treatment, billing information and identity of health care providers, whether past, present or future and any other information which is in any way related to my health care. This specifically includes any information concerning my HIV/AIDS status or treatment, my treatment for mental illness (except for psychotherapy notes), and any information concerning my alcohol or other chemical dependency. Additionally, this disclosure shall include the ability to ask questions and discuss this protected medical information with the person or entity that has possession of the protected medical information. It is my intention to give a full authorization to ANY protected medical information to the person or persons named in this authorization;

have access to all of my records reasonably necessary for that person to make decisions involving health care and to apply for benefits and to process any claims for benefits or insurance payments, which shall include, but not be limited to, requesting, reviewing and receiving any information, verbal or written, regarding my personal affairs or my physical or mental health;

authorize the release of information and clinical records to appropriate persons to ensure the continuity of my health care and authorize my admission, transfer or discharge to or from a health care facility;

apply for private, public, government or veterans' benefits, such as Medicare and Medicaid, for me to defray the cost of health care and have access to information regarding my income and assets and banking and financial records to the extent required to make such application, unless I would not have wanted to make such application when I was capable.

I do grant the right to my Health Care Surrogate to consent to withholding or withdrawal of any life-prolonging or life-sustaining procedure which I have authority to withhold or withdraw pursuant to Chapter 765 of the Florida Statutes.

My Health Care Surrogate shall not (insofar as applicable) provide consent for electroshock therapy, psychosurgery, experimental treatments or therapies, voluntary admission to a mental health facility, abortion or sterilization, except as recommended by federally-approved institutional review boards in accordance with 45 C.F.R., Part 46.

I do not grant the right to my Health Care Surrogate or to any other person or persons which the Florida Statutes may empower to donate any of my internal organs upon my demise.

This Durable Power of Attorney shall not be affected by my disability and is given under the provisions of Florida Statutes Chapter 709, Part II. In addition to the other powers granted above, I also grant to my Health Care Surrogate (acting as my attorney-in-fact) the power to arrange for and consent to or withhold consent to medical, therapeutic and surgical procedures for me, including the administration of drugs, whether or not I am in a health care facility; to employ or discharge health care providers; to grant waiver, indemnity or release of liability on my behalf to health care providers or health care facilities; and to obligate me for payment of all fees and charges incurred in providing me with health care.

I further affirm that this Designation is not being made as a condition of treatment or admission to a health care facility. I will send an executed original of this Designation to the Health Care Surrogate nominated above, and I will notify and send a copy of this document to the following persons so that these persons may know who my Health Care Surrogate and attorney-in-fact is:

NONE.

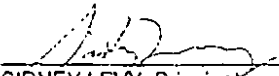
I may revoke or suspend the authority conferred by this Designation at any time. However, if I have been determined to be incapacitated by my attending physician and a separate and independent physician, the authority conferred by this document or by law shall commence, and I may revoke or suspend the authority conferred by this Designation only if my then-attending physician and a separate and independent physician both agree that I have regained the capacity to make my own health care decisions or provide informed consent.

Anyone relying upon the continued existence and validity of the authority conferred by this document shall be protected in such reliance until that person receives actual notice of its cancellation or (as to this Medical Durable Power of Attorney) receives actual notice of the filing of a petition to determine my incapacity or entry of an order determining my incapacity. The health care surrogate provisions of this document authorized by Chapter 765 of the Florida Statutes shall remain in effect following, and be superior to, any appointment of a guardian of my person. In addition, in the event I have also executed a living will declaration, I direct that the decision of my Health Care Surrogate shall be overriding as to the interpretation of that declaration, and my Health Care Surrogate may, in fact, act in accordance with the powers granted herein even if the scope of such powers results in actions being taken not specifically stated in my living will declaration.

As long as my Health Care Surrogate acts in a reasonably prudent manner and in accordance with the provisions of this document (whether as surrogate or as attorney-in-fact) and makes such decisions which that person believes that I would have made under the existing circumstances, my Health Care Surrogate shall have no civil or criminal liability for so acting, and I fully and completely indemnify such person from all claims, costs, fees, judgments and interest incurred as a result of so acting. Merely by making a health care decision for me, consenting to medical treatment or granting waiver, release or indemnity as provided in this Designation, the Health Care Surrogate shall incur no personal responsibility or liability for payment of any costs of such medical treatment since I shall remain fully liable for such cost.

Use of Copies: As provided in the *Florida Statutes, Section 709.2106*, a photocopy or electronically transmitted copy of the original of this *Health Care Surrogate Designation and Medical Durable Power of Attorney* shall have the same effect as the original.

I have signed this Designation and Medical Durable Power of Attorney on the 3^d day of Nov, 2015, at Aventura, Florida.

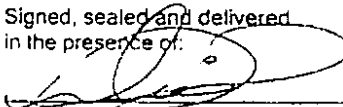


SIDNEY LEVY, Principal
577 Ocean Boulevard
Golden Beach, Florida 33160

WITNESS ATTESTATION

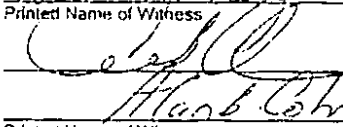
WE CERTIFY under penalties of perjury that neither of us is the Health Care Surrogate designated herein and that one of us is neither the spouse nor a blood relative of the principal. This Designation was signed by the principal in our presence.

Signed, sealed and delivered
in the presence of:



Naomi M. Perez
Printed Name of Witness

200 E. Broward Blvd. #1800
Fort Lauderdale, FL 33301
Address



Alan B. Cohn
Printed Name of Witness

8800 N. Lake Dr. Suite 100
Plantation, FL
Address

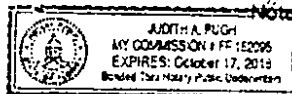
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

THE FOREGOING HEALTH CARE SURROGATE DESIGNATION AND MEDICAL DURABLE POWER OF ATTORNEY was acknowledged before me this 30 day of November, 2015, by SIDNEY LEVY.



Notary Public, State of Florida

My Commission Expires:



Personally Known _____ OR Produced Identification ✓ Type of Identification
Produced FL Driver License

This instrument was prepared by:
ALAN B. COHN
Greenspoon Marder P.A.
200 East Broward Boulevard
18th Floor
Fort Lauderdale, Florida 33301
Telephone: (888) 491-1120

11/24/15
ABC/nfl

DECLARATION

THIS DECLARATION is made this 30 day of Nov, 2015.

I, SIDNEY LEVY, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am both mentally and physically incapacitated and I have a terminal condition or I have an end-stage condition or I am in a persistent vegetative state and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort, care or to alleviate pain. I do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

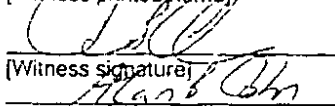
It is my intention that this Declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

I understand the full import of this Declaration, and I am emotionally and mentally competent to make this Declaration.



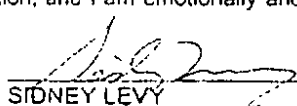
[Witness signature]

Norman M. Paez
[Witness printed name]



[Witness signature]

Alan B. Cohn
[Witness printed name]


SIDNEY LEVY
577 Ocean Boulevard
Golden Beach, Florida 33160

200 E. Broadway Blvd. #1800

[Witness street address]

Fort Lauderdale, FL 33301

[Witness city and state]

8800 N. Lake Dr. S.W.

[Witness street address]

Fort Lauderdale

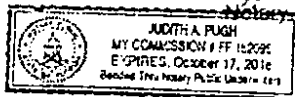
[Witness city and state]

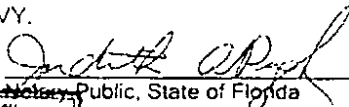
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

THE FOREGOING DECLARATION was acknowledged before me this 30 day of

November, 2015, by SIDNEY LEVY.

My Commission Expires:




Notary Public, State of Florida

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FD driver license

This instrument prepared by:
ALAN B. COHN
Greenspoon Marder, P.A.
100 West Cypress Creek Road, Suite 700
Fort Lauderdale, FL 33309
Telephone: (888) 491-1120

11/24/15
ABC/nf/map
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