L12000099148

(Address) (Address) (Address)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL		
(Business Entity Name) (Document Number)	03/03/2101002008 **5	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2021 AUG - 2 AH 8	
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**55.00

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BEIJAFLOR LLC	
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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: Seth 07/27/21	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

STATEMENT OF AUTHORITY

Pursuant to section 605.030 authority:		ted liability company submits the follow	ring statement of
FIRST: The name of the li	mited liability company is:	EIJAFLOR LLC	
SECOND: The Florida Do	ocument Number of the limited	L120000991	48
THIRD: The street addres	s of the limited liability compar	ny's principal office is:	2021 AUG
SUITE 1960			·
MIAMI, FL 3313	l		
The mailing add	ress of the limited liability com	pany's principal office is:	
Suite 1960	-		
MIAMI, FL 3313		· · · · · · · · · · · · · · · · · · ·	
	Stephen Garcia-Vidal, E ted to:	property held in the name of the company	y.
b. No an		_	
2. May enter int	o other transactions on behalf o	rf, or otherwise act for or bind, the comp	any.
b. No at	nthority granted to:		
<u> </u>		Elodie Couturier	
Signature of authorized repr	Filing Fee:	Typed or printed name of \$25.00 by: \$30.00 (optional)	signature