

L13000078935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

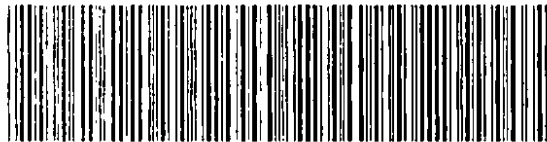
Certificates of Status _____

Special Instructions to Filing Officer.

Q. SILAS

JUN 11 2022

Office Use Only



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FILED RECEIVED

2022 JUN -6 PM 6:07 JUN -6 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 723578 4311863

AUTHORIZATION :

Amel Cleman

COST LIMIT : \$ 25.00

ORDER DATE : June 3, 2022

ORDER TIME : 3:35 PM

ORDER NO. : 723578-010

CUSTOMER NO: 4311863

DOMESTIC AMENDMENT FILING

NAME: KAR MRP 1, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAR MRP 1, LLC

Name of Limited Liability Company

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:

Shahab Karmely

Name of Person

c/o KAR Properties

Firm/Company

232 Madison Avenue, 2nd Floor

Address

New York, NY 10016

City/State and Zip Code

sk@karprop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven A. Shoumer

at (215) 569-5756

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: KAR MRP I, LLC

2022 JUN -6 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L13000078935

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

c/o KAR Properties

232 Madison Avenue, 2nd Floor

New York, NY 10016

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

c/o KAR Properties

232 Madison Avenue, 2nd Floor

New York, NY 10016

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

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Shahab Karmely, Sole Manager of SK MIAMI RIVER, LLC, a

Florida limited liability company, as Sole Manager of KAR MRP I, LLC

b. No authority granted to: _____

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

a. Granted to: Shahab Karmely, Sole Manager of SK MIAMI RIVER, LLC, a

Florida limited liability company, Sole Manager of KAR MRP I, LLC

b. No authority granted to: _____

Signature of authorized representative

Shahab Karmely

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)