

L150000086643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

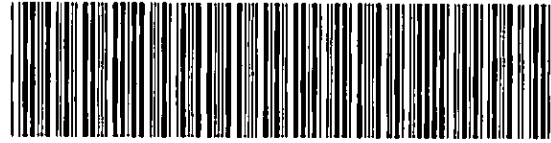
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200386640152

04/26/22--01001--014 **25.00

FILED
2022 APR 27 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2022 APR 27 PM 4:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

QWIK COURIER

850-284-4584

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER

PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER Alejandra Marquez Villa

Syma GROUP, LLC

* Flor. Info@amvlegalgroup.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYMA GROUP, 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:

Alejandra Marquez Villa

Name of Person

AMV Legal Group P.A

Firm/Company

2450 Hollywood Blvd, Ste 300

Address

Hollywood, FL 33020

City/State and Zip Code

Title@amvlegalgroup.com

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

For further information concerning this matter, please call:

Alejandra Marquez Villa

954

253-9695

at (_____)

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

CR2E138 (2/14)

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: SYMA GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000086643

THIRD: The street address of the limited liability company's principal office is:
6061 N. FALLS CIRCLE DRIVE, UNIT #401,
LAUDERHILL, FL 33319

The mailing address of the limited liability company's principal office is:
6061 N. FALLS CIRCLE DRIVE, UNIT #401
LAUDERHILL, FL 33319

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, to specific person on the following:

- 1. May execute an instrument transferring real property held in the name of the company
a. Granted to: PROVENZANO, GILLES
b. No authority granted to: N/A
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: N/A
b. No authority granted to: N/A

FILED
2022 APR 27 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

Gilles Provenzano
Signature of authorized representative

PROVENZANO, GILLES
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)