

L16000 074 062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

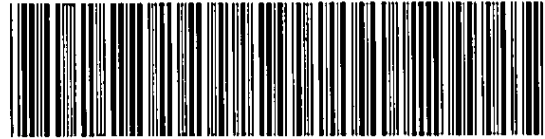
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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Y SULKER
AUG 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 340 NW 4 Avenue, 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:

Amit Raz

Name of Person

JCB One, LLC

Firm/Company

4302 Hollywood Blvd #342

Address

Hollywood Fl. 33021

City/State and Zip Code

KROMANO@AVENTCAPITAL.COM

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

For further information concerning this matter, please call:

KATIE ROMANO

Name of Person

at (

954

Area Code

895-0123

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: 340 NW 4 AVE, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000074062


THIRD: The street address of the limited liability company's principal office is:
4302 HOLLYWOOD BLVD #342
HOLLYWOOD FL. 33021

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

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: AMIT RAZ, AUTHORIZED AGENT
 - 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: AMIT RAZ, AUTHORIZED AGENT
 - b. No authority granted to _____

X 
X _____
Signature of authorized representative

JOSE POL/AMIT RAZ
Typed or printed name of signature

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

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