

L180000 44829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

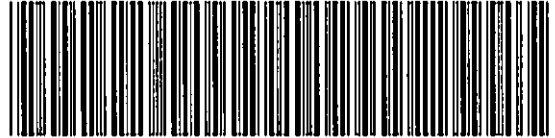
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 17 2020

S. YOUNG

STATE OF ALABAMA
DEPARTMENT OF REVENUE
ALABAMA STATE COLLECTOR

2020 APR -6 AM 7:15

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DROP MY FEES 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:

Gil Yosefi

Name of Person

DROP MY FEES LLC

Firm/Company

17100 NE 19th Ave #A1

Address

North Miami Beach, FL 33162

City/State and Zip Code

gilyos100@gmail.com

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

For further information concerning this matter, please call:

Gil Yosefi

Name of Person

954

Area Code

816-0450

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: DROP MY FEES LLC

SECOND: The Florida Document Number of the limited liability company is: L18000044829

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

17100 NE 19th Ave. #C3

North Miami Beach, FL 33162

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

17100 NE 19th Ave. #C3

North Miami Beach, FL 33162

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STATEMENT OF AUTHORITY
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Gil Yosefi by virtue of his election as Sole Manager of Drop My Fees, LLC
y the Members of the Company and in accordance with the Company's Operating Agreement

b. No authority granted to: to the previous manager Jared Hollander

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

a. Granted to : Gil Yosefi by virtue of his election as Sole Manager of Drop My Fees, LLC
y the Members of the Company and in accordance with the Company's Operating Agreement

b. No authority granted to: to the previous manager Jared Hollander



Signature of authorized representative

Gil Yosefi

Typed or printed name of signature

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