

L21000361172

(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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TALLAHASSEE, FL

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CAPITAL CONNECTION, INC.

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

CHEBAR RESIDENCE LLC

Signature _____

Requested by: SETH

09/22/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ 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 _____
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____ Cert. Copy _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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____ Fictitious Search _____
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____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEBAR RESIDENCE, 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:

LILIANA V. AVELLAN, ESQ.

Name of Person

LILIANA V. AVELLAN, P.A.

Firm/Company

9950 SW 107 AVENUE, STE 204

Address

MIAMI FL 33176-2767

City/State and Zip Code

LA@LAPALAW.COM

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

For further information concerning this matter, please call:

LILIANA V AVELLAN at (305) 271-3760
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: CHEBAR RESIDENCE, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000361172

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

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: EDUARDO CHEIRIF

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: EDUARDO CHEIRIF

b. No authority granted to: _____

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TALLAHASSEE, FL

SEE ATTACHED SIGNATURE PAGE
Signature of authorized representative

Typed or printed name of signature

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

**SIGNATURE PAGE FOR STATEMENT OF AUTHORITY
FOR CHEBAR RESIDENCE, LLC**

CHEBAR RESIDENCE, LLC
A Florida Limited Liability Company

By: Famiche Investments, Inc.
A Delaware Corporation
As Manager

DocuSigned by:
By Daniel Cheirif Bardavid
Daniel Cheirif Bardavid, President

By: Jayvee Investments, Inc.
A Delaware Corporation
As Manager

DocuSigned by:
By JACQUES BARDAVID NISSIM
Jacques Bardavid Nissim, President

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