## L22000461640

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busin	ness Entity Name)	
(Dacu	ument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer		
	J. HORNE NOV - 9 2022	

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## COVER LETTER

T(r: Registration Section Division of Corporations
SUEJECT: AR RECOFFING 11C Name of Limited Liability Company
Dew 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:
Name of Person
FIDC & ASSOC //C Firm/Company
LEY F. TAS DAS BluD #1098
GHRT-LAUDERNAK Fla. 33301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) (10 978)  Area Code Daytime Telephone Number

<u>Nailing Address:</u> 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

rnaorigy		ement of
ARST:	The name of the limited liability company is: DHR Kon Fing //	,' <del></del>
ECON	D: The Florida Document Number of the limited liability company is: 422000461	(n°(1)
	: The street address of the limited liability company's principal office is:	
	2425 /AKE DR #5	
٠.;٠	PAlm BEACL, FlA 33404	
	The mailing address of the limited liability company's principal office is:  1.314 E / HS O/AS B M TIME 4/2	NOW COM
	GORT LAUDERDALE, FLA 3330/	-9 PH
isition ( rson or	H: This statement of authority grants or sets limitations of authority on all persons having the stat of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a so the following:  1. May execute an instrument transferring real property held in the name of the company.	
	a. Granted to: BRYAND CONEN	
	6. No authority granted to: MARY C WASSING	
;	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: DRYA-UD. Chell	
	b. No authority granted to: MARY C WASSONG	
V La i a laure	of authorized representative  Filing Fee: (\$25.00)	g m/s