

LO1000020836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

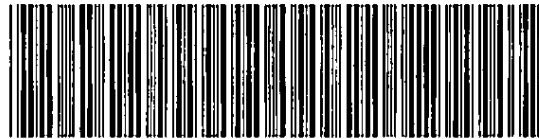
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 10 PM 6:12
TALLAHASSEE, FLORIDA

AUG 29 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL FUNDING 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:

MITCHEL SUTIN

Name of Person

UNIVERSAL FUNDING LLC

Firm/Company

3530 MYSTIC POINTE DRIVE, SUITE #2004

Address

AVENTURA , FLORIDA 33180

City/State and Zip Code

info@univimports.com

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

For further information concerning this matter, please call:

MITCHEL SUTIN

Name of Person

at (

917

_____)
Area Code

952-2916

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: UNIVERSAL FUNDING LLC

SECOND: The Florida Document Number of the limited liability company is: LO1000020836

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

3530 MYSTIC POINTE DRIVE, SUITE #2004

AVENTURA, FL 33180

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

3530 MYSTIC POINTE DRIVE, SUITE #2004

AVENTURA, FL 33180

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CLERK OF STATE
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.

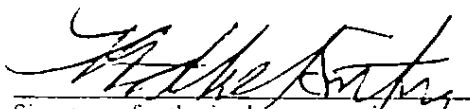
a. Granted to: MITCHEL SUTIN, AMBR

b. No authority granted to: SHTIEBEL OSTROVA OUTREACH INC.
RACHEL HABER, PRES.

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

a. Granted to: MITCHEL SUTIN, AMBR

b. No authority granted to: SHTIEBEL OSTROVA OUTREACH INC.
RACHEL HABER, PRES.


Signature of authorized representative

MITCHEL SUTIN, MGR

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**