

L03000030216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

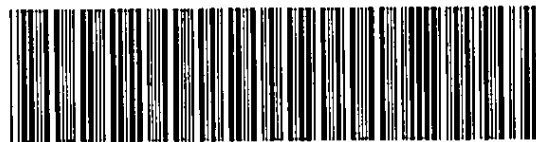
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 APR 15 PM 12:07

JUN 16 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AMERICAN PRIME LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

LOMAR GROUP, LLC

Name of Manager

AMERICAN PRIME LLC

Name of Company

6100 Blue Lagoon Drive, Suite 410

Address of Company

Miami, FL 33126

City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:941-627-1000 Ext:2016

Tiffany Pride

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

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

2021 APR 15 PM 12:07
STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 19 day of MARCH, 2021, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **AMERICAN PRIME LLC, A FLORIDA LIMITED LIABILITY COMPANY**

SECOND: The Florida Document Number of the limited liability company is: **L03000030216**

THIRD: The street address of the limited liability company's principal office is: **6100 Blue Lagoon Drive, Suite 410, Miami, FL 33126**

The mailing address of the limited liability company's principal office is: **6100 Blue Lagoon Drive, Suite 410, Miami, FL 33126**

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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: LOMAR GROUP, LLC, as Authorized Member.
 - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: LOMAR GROUP, LLC, as Authorized Member.
 - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

Margarita Galiana
Signature of authorized representative

MARGARITA GALIANA, Authorized Member
Printed name and position title

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17 day of April, 2021 MARGARITA GALIANA as Authorized Member of LOMAR GROUP, LLC, a Florida limited liability company, the Authorized Member of AMERICAN PRIME LLC, A FLORIDA LIMITED LIABILITY COMPANY, who is/are personally known to me or who has/have produced _____ as identification and who did take an oath.

M. Gomez
Notary Public, State of
My Commission Expires:
(Seal)

