

205000102109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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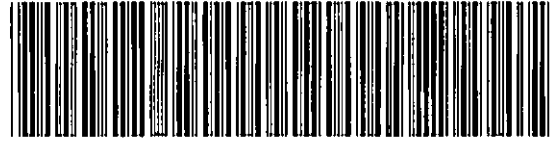
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golf Village, 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:

Jerome S. Levin
Name of Person

Levin Law, LC
Firm/Company

1444 First Street Suite A
Address

Sarasota
City/State and Zip Code

linda@levinmediation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome Levin at (941) 953 5300
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

shor.s

STATE OF FLORIDA

STATEMENT OF AUTHORITY
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Golf Village, LLC, a Florida limited liability company. Doc # L05000102109

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

1444 First Street, Sarasota, Florida.

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

1444 First Street, Sarasota, Florida.

THIRD: 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, agent or otherwise or to a specific person on the following:

1. May execute an instrument transferring all real property held in the name of the company.
a. Granted to: Jerome Levin, Esq. 1444 First Street Sarasota, FL 34236

b. No authority granted to:

2. May enter into other transactions on behalf of, or otherwise act to bind the company, including signing of documents in the capacity that the Manager of Golf Village, LLC., would be required to sign for all real property in Florida.

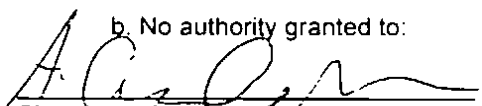
a. Granted to: Jerome Levin, Esq. 1444 First Street Sarasota, FL 34236

b. No authority granted to:

3. May delegate authority to third persons by written document or resolution to act on behalf of said person.

a. Granted to: Abraham Goldberg

b. No authority granted to:


Signature of Authorized representative
Abraham Goldberg, Manager

I hereby attest that this is a certified copy of the written document.

State of Israel

The foregoing instrument was acknowledged before me this 4 day of April 2021 by Abraham Goldberg as the Manager of Golf Village LLC, a Florida limited liability company who is personally known to me or who have produced Police Pass. EK2762302 as identification.


Signature



AUTHENTICATION OF SIGNATURE

No. 4249

I, the undersigned, Simcha Shor Notary holding license No. 2992067, hereby certify that on April 4, 2021 appeared before me at my office at 68 Sokolov St. Ramat-Hasharon, Israel, Mr. ABRAHAM GOLDBERG whose identity has been proven to me by Polish Passport No. EK 2762302 issued by Polish Consulate at Tel Aviv on September 29, 2016.

And I am convinced that the person standing before me understand fully the significance of the action and voluntarily signed the attached documents marked with the letter 'A',

In witness whereof, I hereby authenticate the signature of Mr. ABRAHAM GOLDBERG by my own signature and seal this April 4, 2021.

N.I.S. 193.05 (inc. V.A.T.) fees paid.

אימות חתימה

מס' 4249

אני הח"מ שמחה שור, נוטריון בעל רישיון מספר 2992067 מאשר כי ביום 4 באפריל 2021 ניצב לפני במשרדי ברחוב סוקולוב 68, רמת השרון, ישראל מר אברהם גולדברג שזהותו/ה הוכחה לי על פי דרכון פולני מספר EK 2762302 שהונפק ביום 29/09/2016 על ידי הקונסוליה הפולנית בתל אביב, ושוכנעתי כי הניצב בפני הבין מלאה את משמעות הפעולה וחתם מרצונו החופשי על המסמך המצורף והמסומן באות 'A', ולראיה אני מאמת את החתימו של מר אברהם גולדברג בהתימת ידיו ובהותמנו. היום 4 באפריל 2021. שכר נוטריון בסך 193.05 ש"ח (כולל מ.ע.מ.) שולם.

NOTARY'S SEAL
חותם הנוטריון

SIGNATURE
SIMCHA SHOR, NOTARY

חתימה
שמחה שור, נוטריון

Shor-S

