L09000089052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Statement of Auth.

JUL 20 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maximus of S florida 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:

Bechu, Olivier
Name of Person

Firm/Company

19821 NW 2nd Ave #385
Address

Miami Gardens, FL, 33169
City/State and Zip Code

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

For further information concerning this matter, please call:

BECHU OLIVIER at (954) 2137259
Name of Person Area Code Daytime Telephone Number

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

CR2E138 (2/14)

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: Maximus of S florida LLC

SECOND: The Florida Document Number of the limited liability company is: L09000089055

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

19821 NW 2nd Ave #385

Miami Gardens, FL,33169

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

19821 NW 2ND Ave #385

Miami Gardens, FL,33169

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: BECHU, OLIVIER
   b. No authority granted to: DUMANOIR, VALERIE CHRISTIANE
      BECHU, ALEXANDRE GASTON
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: BECHU, OLIVIER
   b. No authority granted to: DUMANOIR, VALERIE CHRISTIANE
      BECHU, ALEXANDRE GASTON

BECHU OLIVIER

Signature of authorized representative

BECHU, OLIVIER
Typed or printed name of signature

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

CR2E138 (2/14)

2019 JUL 13 AM 8:20

Signature of authorized representative

VALÉRIE BÉCHU
Typed or printed name of signature

Signature of authorized representative

ALEXANDRE BECHU
Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature