## L09000089062

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## **COVER LETTER**

Maximo of S. Florida LLC SUBJECT:	
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 2 ave # 385	
Address	
miami gardens, FL 33169	19 JUN
City/State and Zip Code	<del>ند</del> بلا
FFMSERVICESLLC@GMAIL.COM	PH
E-mail address: (to be used for future annual report notification)	<del>عة</del> بب
For further information concerning this matter, please call:	39
BECHU, OLIVIER 954 2137259	
	ımber

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section

TO:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant authority	nt to section 605.0302(1). Florida Statutes, this limited liability company submits the following say:	tatement of
	: The name of the limited liability company is: Maximo of S. Florida LLC	
SECON	ND: The Florida Document Number of the limited liability company is:	
THIRD	2: The street address of the limited liability company's principal office is:  19821 nw 2 ave # 385	
	miami gardens, FL 33169	<b>ي</b> ــ
	The mailing address of the limited liability company's principal office is:  19821 nw 2 ave # 385	19 JUH -16
	miami gardens, FL 33169	<del>ال</del> بن س
position	<ul> <li>TH: This statement of authority grants or sets limitations of authority on all persons having the 1 of a person in a company, whether as a member, transferee, manager, officer or otherwise or to on the following:</li> <li>May execute an instrument transferring real property held in the name of the company.</li> <li>a. Granted to: <a href="mailto:BECHU">BECHU</a>, OLIVIER</li> </ul>	
	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	
<u></u> \	b. No authority granted to:  BECHU, ALEXANDRE GASTON  BECHU, OLIVIER  BECHU, OLIVIER  Typed or printed name of sign	nature
mgnatut	Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	u. C

Signature of authorized representative
Signature of authorized representative
Signature of authorized representative

VALERIE BECHU
Typed or printed name of signature

ALEXANDRE RECHU
Typed or printed name of signature

Typed or printed name of signature