

LO9 000095433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

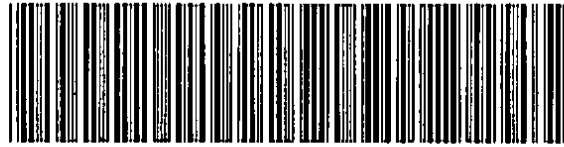
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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REPTARY OF STATE  
TULALASSEE, FL

08/07/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAXIMUM 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:

Thierry Besse

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

19821 nw 2 ave #385

\_\_\_\_\_  
Address

Miami Gardens, Florida, 33169

\_\_\_\_\_  
City/State and Zip Code

flinservicesllc@gmail.com

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

For further information concerning this matter, please call:

Thierry Besse

305

655-1647

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

## 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: MAXIMUM OF S. FLORIDA LLC

**SECOND:** The Florida Document Number of the limited liability company is: L09000095933

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

19821 nw 2 ave385Miami Gardens, FL 33169

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

19821 nw 2 ave385Miami 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: Olivier Bechu

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Olivier Bechu

b. No authority granted to: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

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WLP

Signature of authorized representative

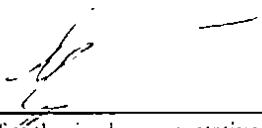
Olivier Bechu

Typed or printed name of signature

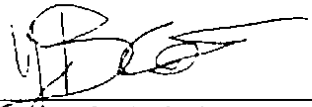
Filing Fee: **\$25.00**

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

(Continuance of page 2)



Signature of authorized representative



Signature of authorized representative

ALEXANDRE BECHU

Typed or printed name of signature

Valérie BECHU

Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature

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SECRETARY OF STATE  
TALLAHASSEE, FL