

LO9 000095933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

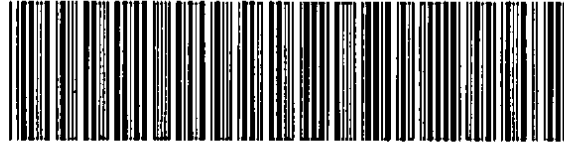
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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REPT. CLERK OF STATE
TALLAHASSEE, FL

SEP 21 2020

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: _____

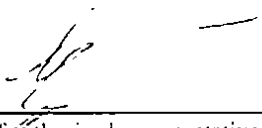
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 SECRETARY OF STATE
 TALLAHASSEE, FL

WLP
Signature of authorized representative

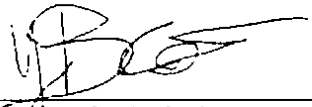
Olivier Bechu
Typed or printed name of signature

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

(Continuance of page 2)



Signature of authorized representative



Signature of authorized representative

Signature of authorized representative

ALEXANDRE BECHU

Typed or printed name of signature

Valérie BECHU

Typed or printed name of signature

Typed or printed name of signature

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2020 AUG - 7 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FL