

210000057437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

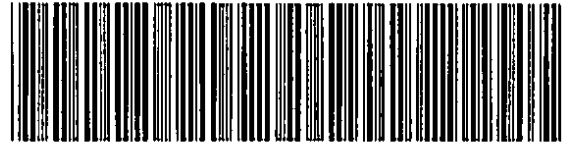
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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DEC 09 2021

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: 709 NW 6TH ST LLC

SECOND: The Florida Document Number of the limited liability company is: L10000057437

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: VAYRAC, MARC

b. No authority granted to: BESSE, THIERRY

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

a. Granted to: VAYRAC, MARC

b. No authority granted to: BESSE, THIERRY


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MARC VAYRAC
Signature of authorized representative

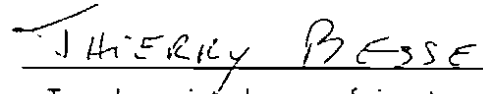
MARC VAYRAC
Typed or printed name of signature

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

Continuance of page 2



Signature of authorized representative



Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature

Signature of authorized representative

Typed or printed name of signature