

L10000104157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

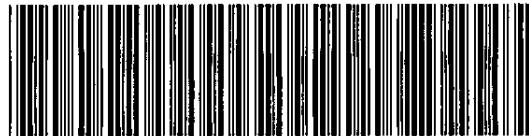
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/23/18--01016--014 \*\*55.00

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DEPT. OF STATE  
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10 APR 23 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 23 AM 8:26

O SIMMONS  
APR 24 2018

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

55

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

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4/23



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Statement

1.

Real Friends, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**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: REAL FRIENDS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000104989

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

11107 HIDDEN TRAIL DRIVE

OWINGS MILLS, MD 21117

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

11107 HIDDEN TRAIL DRIVE

OWINGS MILLS, MD 21117

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JUDICIAL CIRCUIT IN FLORIDA

**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: BORIS, MEYTIN

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: BORIS, MEYTIN

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

  
\_\_\_\_\_  
Signature of authorized representative

ALEXANDER Trepetin  
\_\_\_\_\_  
Typed or printed name of signature

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