

L11000022 766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

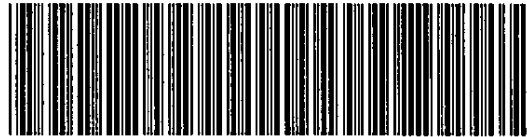
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700311996187

04/17/18--01028--009 \*\*25.00

FILED  
2018 APR 17 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LSN PROPERTIES 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:

Karim Lakhdar

Name of Person

LSN Properties LLC

Firm/Company

58 NW 34<sup>th</sup> Ter.

Address

Miami, FL 33127

City/State and Zip Code

Karim.lakhdar@icloud.com

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

For further information concerning this matter, please call:

Karim Lakhdar

Name of Person

at ( 561 )

Area Code

900-6390

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**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: LSN PROPERTIES LLC

**SECOND:** The Florida Document Number of the limited liability company is: L11000022766

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

58 NW 34TH TERRACE

MIAMI, FL 33127

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

58 NW 34TH TERRACE

MIAMI, FL 33127

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having status position of a person in a company, whether as a member, transferee, manager, officer or otherwise a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company

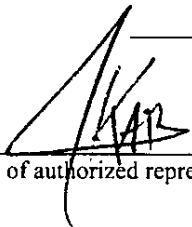
a. Granted to: KARIM LAKHDAR

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: KARIM LAKHDAR

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

  
Signature of authorized representative

Karim Lakhdar  
Typed or printed name of signature

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

FILED  
2018 APR 17 PM 2:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA