

L11000071387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECTION OF CHARTERED BY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYAMI PROP 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:

ARLENE RAIJMAN

Name of Person

ARLENE RAIJMAN LAW FIRM, P.A.

Firm/Company

1815 PURDY AVE

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

ARLENE@RAIJMANLAW.COM

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

For further information concerning this matter, please call:

Arlene Raijman, Esq.

at (305) 864-8812

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: MYAMI PROP LLC

SECOND: The Florida Document Number of the limited liability company is: L11000071387

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

495 BRICKELL AVENUE, UNIT 4102

MIAMI, FL 33131

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

495 BRICKELL AVENUE, UNIT 4102

MIAMI, FL 33131

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.

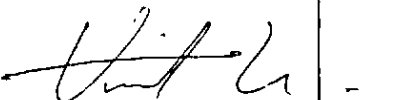
a. Granted to: GLASEMI BATZAKI

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: GLASEMI BATZAKI

b. No authority granted to: _____


Signature of authorized representative

VINCENT KROK
Typed or printed name of signature

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

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DIVISION OF CLERK OF COURT