

L110000079862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

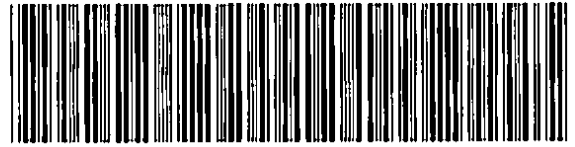
Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

110 2022

Office Use Only



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06/02/22--01023--005 **55.00

RECEIVED

2022 JUN -2 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 JUN -9 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUN -9 PM 2:15
TALLAHASSEE, FLOR.

June 7, 2022

CAPITAL CONNECTION INC

SUBJECT: ISACHAR (MIAMI) LLC
Ref. Number: L11000079862

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 322A00012686

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ISACHAR Miami LLC

Signature _____

Requested by: SETH

06/09

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISACHAR (MIAMI) 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:

RYNE E. HARTT, ESQ.

Name of Person

LAW OFFICES OF JENNIFER D. PESHKE

Firm/Company

956 20TH STREET

Address

VERO BEACH, FL 32960

City/State and Zip Code

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

For further information concerning this matter, please call:

Ryne E. Hartt, Esq.

at (772) 2311233

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

FILED

STATEMENT OF AUTHORITY

JUN -9 PM 4:15

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits this statement of authority.

SECRETARY OF STATE
TALLAHASSEE, FL

FIRST: The name of the limited liability company is ISACHAR (MIAMI)
LLC

SECOND: The Florida Document Number of the limited liability company is 111000079862

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

17888 67TH COURT

LOXAHATCHIE FL 33470

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

COTAX USA

11350 RANDOM HILLS ROAD SUITE 800

FAIRFAX VA 22030

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: MARTY J. LYLE

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: _____

b. No authority granted to: _____

Michelle Chen
Signature of authorized representative

By: EN-CHEN CHEN
MICHELLE EN-CHEN CHEN
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

For: ISACHAR (AUST)
PTY LTD.