

L12 0000 16974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

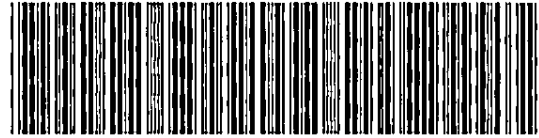
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yadir Gardens 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:

Mr. Benjamin Gene

Name of Person

Yadir Gardens

Firm/Company

4301 N. Federal Highway Suite 2.

Address

Pompano Beach, FL 33064

City/State and Zip Code

BGene@keyespm.com, ylakritz@gmail.com

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

For further information concerning this matter, please call:

Benjamin Gene

Name of Person

248

at (561)

Area Code

-860-0999

-598-5760

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

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: Yadir Gardens LLC

SECOND: The Florida Document Number of the limited liability company is: L12000016974

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

4301 N. Federal Highway Suite 2.
Pompano Beach, FL 33064
At Mr. Benjamin Gene office

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

4301 N. Federal Highway Suite 2.
Pompano Beach, FL 33064
At Mr. Benjamin Gene office.

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: Benjamin Gene

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: Benjamin Gene

b. No authority granted to: _____

South Lakes LTD

Signature of authorized representative

Typed or printed name of signature

Signed by Yoram Lakritz
Manager at South Lakes LTD

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

CR2E138 (2/14)

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2021 AUG 20 AM 7:17
SECRETARY OF STATE
TALLAHASSEE FL