## L12000038651

(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



800410178098

08/12/23--01015--008 **\*\***50.00

SLUTE DARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Section Division of Corporations	•
	Division of Corporations ,	
SUBJ	GEORGIA KING, LLC ECT:	V
	Name of Limited Liability Co	ompany
Dear S	Sir or Madam:	
The er	nclosed Statement of Authority and fee(s) are submitted for filing	ng.
Please	return all correspondence concerning this matter to the following	ing:
AMIR	greenfield	
	Name of Person	
GEOF	RGIA KING, LLC	
	Firm/Company	<del>_</del>
1005	S 7th Street	
	Address	_
Ft Pie	rce, FL 34950`	
	City/State and Zip Code	_
_	E-mail address: (to be used for future annual report notifica	tion)
For fu	rther information concerning this matter, please call:	
Amir	Greenfield at (	, 917-306-5976
	Name of Person Area Cod	le 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 authority:	statement of
FIRST: The name of the limited liability company is: Georgia Rmg LLC	
1	
SECOND: The Florida Document Number of the limited liability company is:	38651
THIRD: The street address of the limited liability company's principal office is:	
1005 S. The Sheer	
1005 S. TR Sheer TH Piera, FL 34950	ZOZO .
The mailing address of the limited liability company's principal office is:	JUN 12 PM ALL/ALY OF ALLASSEE, F
1005 S. 7th Street TH Piera, FL 34950	4 3: 22 SIATE FLORIDA
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transferee, manager, officer or otherwise or t person on the following:	e status or o a specific
1. May execute an instrument transferring real property held in the name of the company.	
a. Granted to: AMIR GREEPERD Brain Colorst	a î
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: Aurin Artes feld War Calens (4)	
b. No authority granted to:	
Docusigned by:    Daniel Stake	mature
6/8/2023   7:14 AM PDT Filing Fee: \$25.00  Certifled Copy: \$30.00 (optional)	

## STATEMENT OF AUTHORITY

FIRST:	The name of the limited liability company is:			_
	· · · · · · · · · · · · · · · · · · ·			_
SECON	D: The Florida Document Number of the limited liability company is:  L12000038651			
THIRD	: The street address of the limited liability company's principal office is: 1005 S. 7th Street			
	Ft. Pierce, FL 34950			
	The mailing address of the limited liability company's principal office is: 1005 S. 7th Street			
	Ft. Pierce, FL 34950			
position	CH: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the compan  a. Granted to:  Amir Greenfield  Brian Cilensic	or to a spe y.	ecific	-
	b. No authority granted to:	EFL	2023 JUN 12 PM 3:	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to:  Amir Greenfield  Brian Celenter	DRINGA ORINGA	; 22	
	b. No authority granted to:	-		
Signatur	re of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	f fle	[] e	