

L120000b 33098

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
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AUG 11 2015

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMK CAPTIAL MANAGMENT, 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:

**GEORGES KHOURI**

Name of Person

Firm/Company

**10842 EGRET POINTE LANE**

Address

**WEST PALM BEACH, FL 33412**

City/State and Zip Code

mkhuri@smkcap.com

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

For further information concerning this matter, please call:

MARK KHURI

Name of Person

at (310) 344-1970

Area Code

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: SMK CAPITAL MANAGMENT COMPANY LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000053098

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

4000 N. OCEAN DRIVE UNIT 2503 ET

RIVIERA BEACH, FL 33404

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

PO BOX 1668

SOLANO BEACH, CA 92075

**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: MARK KHURI

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: MARK KHURI

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

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15 AUG 10 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature of authorized representative

MARK KHURI

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)