

LIZ 000066297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

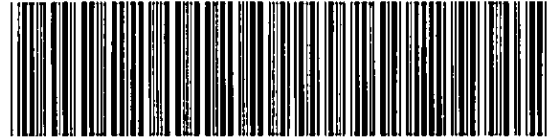
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 17 AM 7:45

FILED

Shirley

JUN 20 2021
ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR and BZH 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:

Mohamed Hashim

Name of Person

MR and BZH LLC

Firm/Company

8430 NW 4th Street

Address

Pembroke Pines, FL, 33024

City/State and Zip Code

bzhashim2@gmail.com

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

For further information concerning this matter, please call:

Mohamed Hashim

352 973-2715
at ()

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

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: MR and BZH LLC

SECOND: The Florida Document Number of the limited liability company is: L12000066297

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

1501 SW 131st Way

306P

Pembroke Pines, FL, 33027

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

8430 NW 4th Street

Pembroke Pines, FL, 33024

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: Shaun Arif Hashim

301 Kingsway Place, Milton, ON, L9T 4C8

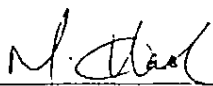
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Shaun Arif Hashim

301 Kingsway Place, Milton, ON, L9T 4C8

b. No authority granted to: _____


Signature of authorized representative

Mohamed R Hashim
Typed or printed name of signature

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

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2021 MAY 17 AM 7:45