## K12 COOO 99010

(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



200380329652

2022 JAN 25 PM 1:07 SECRETARY OF STATE TALL AHASSEF, FL

4ht ilith

FEB 0 9 2022 ALBRITTON

## **COVER LETTER**

	ision of Corporations				
SUBJECT:	10425-27 SW 177TH STRE	ET, LLC			
SCHOLCI.	Name of I	imited Liability Comp	pany		
Dear Sir or N	Madam:				
The enclosed	Statement of Authority and fee(s) are	submitted for filing,			
Please return	all correspondence concerning this m	natter to the following:			
VANESS	A APPOLON				
	Name of Person				
10425-27	SW 177TH STREET, LLC				
	Firm/Company				
209 COO	PER STREET				
	Address				
BEVERLY	Y, NJ 08010				
	City/State and Zip Code	<del></del>			
aponell@	hotmail.com				
E-m	nail address: (to be used for future ann	ual report notification	)		
For further in	nformation concerning this matter, ple	ase call:			
VANESS	A APPOLON	732	799-2093		
	Name of Person	Area Code	Daytime Telephone Number		
	REET/COURIER ADDRESS:		G ADDRESS:		
	istration Section ision of Corporations		on Section of Corporations		
Clif	6327				
266	2661 Executive Center Circle Tallahassee, Florida 32314				

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority:			oility company submits the follows:	
FIRST: The nar	ne of the limited liability c	ompany is:	-27 SW 177TH STREE	
SECOND: The	Florida Document Numbe	r of the limited liabili	ty company is:	9010
THIRD: The st	reet address of the limited I			e.a
BEVE	RLY, NJ 08010			SECOLO SECOLO
	nailing address of the limit	ed liability company?	s principal office is:	25 M
BEVE	RLY, NJ 08010			- FEEF
person on the fo	llowing: sy execute an instrument tr		ty held in the name of the com	
	b. No authority granted SHANELL NAZ	d to: RAYMOND	STEVENS	
2. M	ay enter into other transac		otherwise act for or bind, the co	ompany.
	b. No authority granted SHANELL NAZ		STEVENS	<del></del>
DocuSigned by:			VANESSA APPO	DLON
Signature of au	horized representative	Filing Fee:	Typed or printed nam \$25.00 \$30.00 (optional)	ne of signature

CR2E138 (2/14)