

L12000 136358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

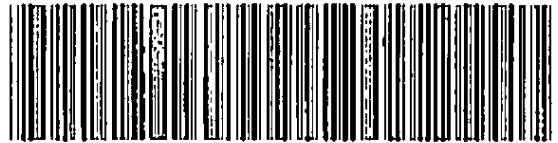
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUN 29 PM 3:16

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JUN 19 2020

I ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Assertive Financial Services, 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:

Rachel Vixamar

Name of Person

Assertive Financial Services, LLC

Firm/Company

11555 Heron Bay Suite 200

Address

33076

City/State and Zip Code

vixamarrachel@icloud.com

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

For further information concerning this matter, please call:

Rachel Vixamar

310

7746959

Name of Person

at ( )

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

CR2E138 (2/14)

### 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: Assertive Financial Services, LLC we been doing business as this name and take this name fully own by Rachel Vixamar

SECOND: The Florida Document Number of the limited liability company is: L12000136358

THIRD: The street address of the limited liability company's principal office is:  
11555 Heron Bay Suite -200 Coral Springs FL 33076

The mailing address of the limited liability company's principal office is:  
11555 Heron Bay Suite -200 Coral Springs FL 33076

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: Rachel Vixamar as it always have been no other person has this: fully belongs to me.

- b. No authority granted to: Donnie Coliny Colton Ferguson Jessica Dix  
NO ONE has authority of my property or Alan Geffard David Saint Jean Baptiste

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

- a. Granted to: Rachel Vixamar only has it always been everything is own by me and me only as the sole owner of the company

- b. No authority granted to: Donnie Coliny Colton Ferguson Jessica Dix Rebecca Vixamar  
no one has authority of my property or Alan Geffard David Saint Jean Baptiste

Rachel Vixamar  
Signature of authorized representative

Rachel Vixamar  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

06/29/2020

ear/Reset

WELLS  
FARGO

# Acknowledgment by Individual

State of Florida

County of Palm Beach

The foregoing instrument was acknowledged before me this 20th day of June, 2020, by means of ☒ physical presence or ☐ online notarization

Rachel Vixamar (name of person acknowledging).

☐ Personally known to me

☒ Produced Identification

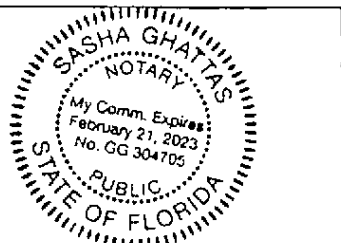
Type of Identification Produced Florida Driver license

Notary signature [Signature]

Notary name (typed or printed) Sasha Ghattas

Title (e.g., Notary Public) Notary Public

Place Seal Here



For Bank Purposes Only Description

of Attached Document

Title of Document Statement of Authority

Instrument Date

06/20/2020

Number of Pages

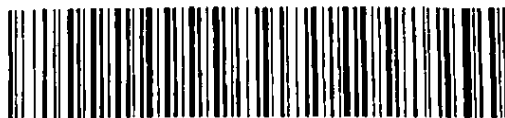
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Other(s) Other Than Named Above

N/A

Account Number (if applicable)

N/A



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