

L12000160497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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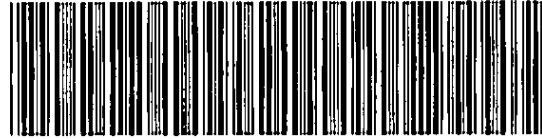
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MAYMONLUCKY1 LLC**

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

**LIOR MAYMON and CAROL MAYMON**

*Name of Manager*

**MAYMONLUCKY1 LLC**

*Name of Company*

**2875 NE 191 Street, 604**

*Address of Company*

**Miami, FL 33180**

*City/State and Zip Code*

**liormymon@walla.com**

*E-mail Address of Manager*

For further information concerning this matter, please call:

Anne Whitmarsh at

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

2021 JUL 19 PM 9:06

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 16 day of July, 2021, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is: **MAYMONLUCKY1 LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L12000160497**

**THIRD:** The street address of the limited liability company's principal office is: **2875 NE 191 Street, 604, Miami, FL 33180**

The mailing address of the limited liability company's principal office is: **2875 NE 191 Street, 604, Miami, FL 33180**

**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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
  - a. Granted to: **LIOR MAYMON**, as Manager, and **CAROL MAYMON**, as Manager, either of whom may sign and unilaterally bind the company without the consent or joinder of the other.
  - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
  - a. Granted to: **LIOR MAYMON**, as Manager, and **CAROL MAYMON**, as Manager, either of whom may sign and unilaterally bind the company without the consent or joinder of the other.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

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

LIOR MAYMON, as Manager

\_\_\_\_\_  
Printed name and position title

STATE OF FL

COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of X physical presence or \_\_\_\_\_  
online notarization, this 10 day of July, 2021 by **LIOR MAYMON**, as Manager of  
MAYMONLUCKY1 LLC, a Florida limited liability company, who is/are personally known to me or who  
has/have produced DL as identification and who did take an oath.

Anne  
\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
(Seal)

