

L13000053996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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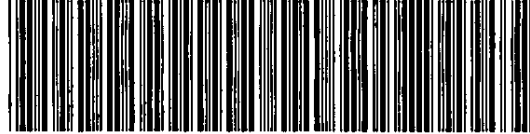
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L13-53996  
Stmnt of Auth

05/09/16--01028--014 \*\*30.00

FILED  
16 MAY -9 PM 1:49  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **ABG ENTERPRISES, 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:

**DAVID ARZUMANIAN**

\_\_\_\_\_  
Name of Person

**ABG ENTERPRISES LLC**

\_\_\_\_\_  
Firm/Company

**210 174 Street Apt 1812**

\_\_\_\_\_  
Address

**Sunny Isles Beach, FL 33160**

\_\_\_\_\_  
City/State and Zip Code

**us\_work\_travel@yahoo.com**

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

For further information concerning this matter, please call:

**DAVID ARZUMANIAN**

\_\_\_\_\_  
Name of Person

**305** at (\_\_\_\_\_) **710-1488**

\_\_\_\_\_  
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: ABG ENTERPRISES LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000053996

**THIRD:** The street address of the limited liability company's principal office is:  
210 174 Street Apt 1812 Sunny Isles Beach, FL 33160

The mailing address of the limited liability company's principal office is:  
210 174 Street Apt 1812 Sunny Isles Beach, FL 33160

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OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

**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: DAVID ARZUMANIAN

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: DAVID ARZUMANIAN

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

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

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

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