

L13000140453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

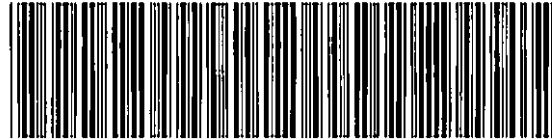
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Special Instructions to Filing Officer:

J. SILAS

3 June

Office Use Only



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2022 JUN -2 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JUN -2 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATE ACCESS, INC.

When you need ACCESS to the world.

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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LLC Statement

1. **TIRS AT, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL
INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIRS AT, 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:

LEE GARIEPY

Name of Person

Firm/Company

5664 Strand Ct

Address

Naples, FL 34110

City/State and Zip Code

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

For further information concerning this matter, please call:

Lee Garipey 239 2720030

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**

FILED

STATEMENT OF AUTHORITY

2022 JUN -2 AM 9:07

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

SECRETARY OF STATE
TALLAHASSEE, FL

FIRST: The name of the limited liability company is: TIRS AT, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000140453

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

16237 Camden Lakes Cir

Naples, FL 34110

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

16237 Camden Lakes Cir

Naples, FL 34110

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.

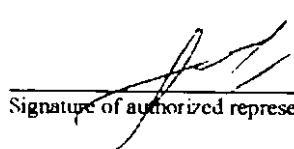
a. Granted to: Andrey Doroshenko, as Manager

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: Andrey Doroshenko, as Manager

b. No authority granted to: _____


Signature of authorized representative

Andrey Tolkachev, as Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)