

U13000 160479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

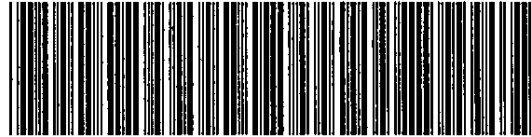
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2018 APR 23 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEKIMA INVESTORS 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:

Julie Gonzalez Cohen

Name of Person

Strock & Cohen, Zipper Law Group, P.A.

Firm/Company

2900 Glades Circle Suite 750

Address

Weston, FL 33327

City/State and Zip Code

jcohen@strocklaw.com

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

For further information concerning this matter, please call:

Julie Gonzalez Cohen

Name of Person

at ( 954 )

Area Code

6592220

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: SEKIMA INVESTORS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000160479

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

3848 Cortland Drive

Davenport, FL 33837

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

3848 Cortland Drive

Davenport, FL 33837

**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.

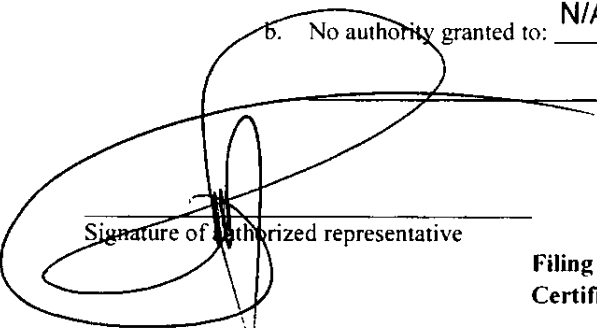
a. Granted to: Hagob Karadjian or Anais Karadjian  
or Hosep Kerejian

b. No authority granted to: N/A

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

a. Granted to: Hagob Karadjian or Anais Karadjian  
or Hosep Kerejian

b. No authority granted to: N/A

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

Hosep Kerejian

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

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2018 APR 23 PM 12:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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