

L13000172558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

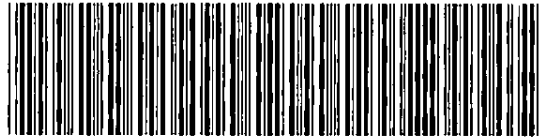
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ODD SOX DISTRIBUTION 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:

Ross D. Kulberg, Esq.

Name of Person

Krinzman Huss Lubetsky Feldman & Hotte

Firm/Company

169 E. Flagler Street, Suite 500

Address

Miami, FL 33131

City/State and Zip Code

rdk@khllaw.com

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

For further information concerning this matter, please call:

Ross D. Kulberg

Name of Person

at ( 305 )

Area Code

854-9700

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

**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: ODD SOX DISTRIBUTION LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000172558

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

1277 South Highland Avenue, Clearwater, FL 33756

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

1277 South Highland Avenue Clearwater, FL 33756

**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: \_\_\_\_\_

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: Ahmad Akar, as Manager

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

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

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

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

FILED  
2021 MAY 15 PM 12:05  
SEC. OF STATE  
TALLAHASSEE, FL