

L 14 0000 50454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

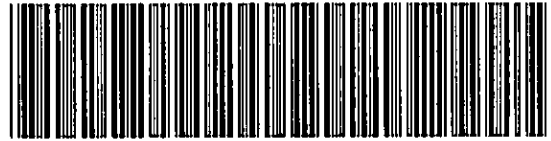
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORON JOCKEY CLUB, 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:

ROBERT A. STOK, ESQ.

Name of Person

STOK KON + BRAVERMAN

Firm/Company

ONE EAST BROWARD BOULEVARD, SUITE 915

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

RSTOK@STOKLAW.COM

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

For further information concerning this matter, please call:

ROBERT A. STOK

954 237-1777
at ()

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

STATEMENT OF AUTHORITY

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

FILED 23 AM 9:00

FIRST: The name of the limited liability company is: DORON JOCKEY CLUB, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000050454

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

C/O DORON ARAD
1111 BISCAYNE BOULEVARD
MIAMI, FL 33181

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

C/O DORON ARAD
3501 N Ocean Drive #4-F
Hollywood, FL 33019

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: DORON ARAD

b. No authority granted to: ASAF HORESH

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

a. Granted to: DORON ARAD

b. No authority granted to: ASAF HORESH

Doron Arad

Signature of authorized representative

DORON ARAD

Typed or printed name of signature

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