

L14000067125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

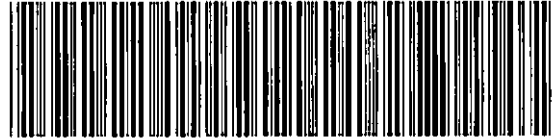
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Statement of
authority

06/09/22--0101--013 **55 01

2022 AUG -9 AM 9:05

2022 AUG -9 PM 2:23

FILED

RECEIVED

A. RAMSEY

AUG 10 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AJM HOLDINGS, LLC.

Signature _____

Requested by: SETH

08/09

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Parker's Printing • Tallahassee, FL 32301

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJM HOLDINGS, 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:

Rolando Abraham

Name of Person

AJM HOLDINGS, LLC

Firm/Company

.7844 NW 166 Terrace

Address

Miami Lakes, FL 33016

City/State and Zip Code

humberto@gsrmaterials.com

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

For further information concerning this matter, please call:

Humberto Abraham at 305 219-4800
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:

FIRST: The name of the limited liability company is: AJM HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000067125

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

7844 NW 166 Terrace

Miami Lakes, FL 33016

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

7844 NW 166 Terrace

Miami Lakes, FL 33016

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: HUMBERTO ABRAHAM

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: HUMBERTO ABRAHAM

b. No authority granted to: _____


Signature of authorized representative

Rolando Abraham
Typed or printed name of signature

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