L14000104381

(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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O SIMMONS
JUN 23 2021

COVER LETTER

то:		stration Section ion of Corporations		
SUBJE	CT:	Marjes Management LLC		
_ , ,,,,,,	•	Name of Limited	pany	
Dear Si	r or M	adam:		
The end	losed	Statement of Authority and fee(s) are subn	nitted for filing.	
Please r	eturn :	all correspondence concerning this matter t	o the following:	
Alfred	Lojo			
		Name of Person		
		Firm/Company		
901 N I	Reus S	ι.		
		Address		
Pensace	ola, Fl	. 32501		
		City/State and Zip Code		
alfred@	grent8.	50.com		
	E-ma	il address: (to be used for future annual re-	port notification	II
for furt	her int	formation concerning this matter, please ca	II:	
Alfred	Lojo	at	850	341-5031
		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

authority		oo.waazet), rionda at	atutes, this initied ha	omity company submits the follow	ing statement of
FIRST:	The name of	of the limited liability of	ompany is:Marje	s Management LLC	<u>.</u>
					riki
SECON	D: The Flor	rida Document Numbe	r of the limited liabili	ty company is: L14000104381	<u> </u>
		address of the limited l			سر لمب
	563A Sc	outh 61st Ave) () () () () () () () () () (
	PENSAC	TOLA, FL 32506		•	· ·
					-
	The maili	ng address of the limite	ed liability company's	s principal office is:	·
	PO BOX	36331 OLA, FL 32516			
	PENSAC	OLA, FL 32310			
person oi	n the follow	ing: ecute an instrument tra	insferring real proper	ree, manager, officer or otherwise of the company	·
	b.	No authority granted	wilfredo Lojo		
	2. May ei a.	oter into other transacti Granted to:		otherwise act for or bind, the compa	any.
	b.	No authority granted	to: Wilfredo Lojo		
M	<u> </u>		_	Alfred Lojo	
Signature	of authoriz	ed representative	- Filing Fee: S2 Certified Copy: \$3	Typed or printed name of 25.00 (optional)	signature