## L/4000106290

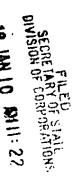
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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K. SALY JAN 11 2018

## COVER LETTER

Division of Corporations
SUBJECT: YAELSAN LEALTY UC  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:
ALEJANDRO ZAJÁC
Name of Person
j
Firm/Company
7011 Lochness DRIVE
Address
MIAMI LAKES, FLORIDA 33014  City/State and Zip Code  ALEX ZAJ @ GMAIL . COM
City/State and Zip Code
ALEXZAJ @ GMAIL . COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEJAMORO ZAJÁC at 305, 824-9818
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority	
FIRST:	The name of the limited liability company is:
SECON	D: The Florida Document Number of the limited liability company is: <u>L14000106290</u>
THIRD:	The street address of the limited liability company's principal office is:  7011 Loch Ness principal office is:
	Miami Lakes, FLORIDA 33014
	The mailing address of the limited liability company's principal office is:  701 Lochwess DRIVE
	MIAMI LAKES, FLORIDA 33014
position ( person of	H: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific n the following:  1. May execute an instrument transferring real property held in the name of the company.
	a. Granted to: ALEJANDO ZAJAC, SANDRA ZAJAC  AND/OR SHARDN ZAJAC
	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: ALEJANDRO ZAJAC SANDRA ZAJAC ANDJOR SHARON ZAJAC
	b. No authority granted to:
0	My Dean ALEJANDO ZAJÁC
Signature	Typed or printed name of signature  Filing Fee: \$25.00  Certified Conv. \$30.00 (antional)