<u>L14000108182</u>

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(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LAZYCOW, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENE SEELER YOUNG

Name of Person

LORENE SEELER YOUNG, P.A.

Firm/Company

9124 GRIFFIN ROAD

Address

COOPER CITY, FLORIDA 33328

City/State and Zip Code

PIAOFFERS@PIAGROUPUSA.COM

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

For further information concerning this matter, please call:

LORENE SEELER YOUNG	954	585-3967
	_ at ()
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

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

EC 21 PH 3: ?

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

SECOND: The Florida Document Number of the limited liability company is: L14000108182

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

20815 NE 16 AVENUE

SUITE B15

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MIAMI, FLORIDA 33179

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

20815 NE 16 AVENUE

SUITE B15

MIAMI, FLORIDA 33179

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,

а	Granted to:	JIMMY	LEVY,	Manager	

b. No authority granted to:

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

a. Granted to : JIMMY LEVY, Manager

b. No authority granted	d to:		
			JIMMY LEVY, Manager
Signature of authorized representative			Typed or printed name of signature
	0	\$25.00	
	Certified Copy:	\$30.00 (optional)

CR2E138 (2/14)