15000	2000526
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	800391747608 Statement of authority
(Business Entity Name)	2022 AUG -4 AH 8: 10
Certified Copies Certificates of Status	ALLARYSEEFLUR
Office Use Only	A. RAMSEY AUG - 9 June A. RAMSEY A. RAMSEY A. RAMSEY A. RAMSEY A. RAMSEY A. RAMSEY A. RAMSEY A. RAMSEY A. RAMSEY AUG - 9 June
402250,6	2761,00671 NO.

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/04/22

NAME: TOMAJA LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 5, 2022

FLORIDA FILING & SEARCH SERVICES INC

כר 77

j

TALLAHASSEE, FL 32302 SUBJECT: TOMAJA LLC Ref. Number: L1500000526 We have received your document for TOMAJA LLC and the authorization to debit 0 We have received your document for TOMAJA LLC and the authorization to debit 0 your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsev OPS.

Letter Number: 422A00017559

Near liq Diginal the dates Think was

COVER LETTER

TO:	Registration Section
	Division of Corporations

TÔMAJA LLC

SUBJECT:

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:

Hugo Silbergleit

Name of Person

c/o TOMAJA LLC

Firm/Company

21050 NE 38th Avenue, #3105

Address

Aventura, FL 33180

City/State and Zip Code

supraski@supraskilaw.com

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

For further information concerning this matter, please call:

 Louis A. Supraski
 305
 792-0060

 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 Talłahassee 2415 N. Monroe Street, Suite 810 Talłahassee, FL 32303

CR2E138 (2/14)

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: _____

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

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

21050 NE 38th Avenue, #3105

Aventura, FL 33180

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

21050 NE 38th Avenue, #3105

Aventura, FL 33180

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.

LLC, a Delaware limited liability company, Manager of Tomaja LLC

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 : Hugo Silbergleit, Chief Executive Member of JMT Manageme

LLC, a Delaware limited liability company, Manager of Tomaja LLC

b. No authority granted to: _____

Signature of authorized representative

Hugo Silbergleit

Typed or printed name of signature

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

