

L15 0000001521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

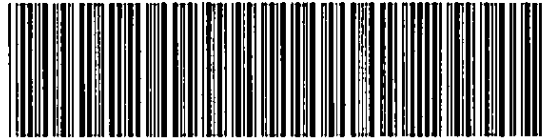
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

JUL 22 2021  
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COVER LETTER

TO: Registration Section  
Division of Corporations

Sarsk Holdings, 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:

Teresa Picone

\_\_\_\_\_  
Name of Person  
Sarsk Holdings, LLC

\_\_\_\_\_  
Firm/Company  
6735 Conroy Road, Suite 224

\_\_\_\_\_  
Address  
Orlando, FL 32835

\_\_\_\_\_  
City/State and Zip Code  
aft11c@outlook.com

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

For further information concerning this matter, please call:

Teresa Picone  
\_\_\_\_\_  
Name of Person at ( 407 ) 607-0099  
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:

Sarsk Holdings, LLC

FIRST: The name of the limited liability company is: \_\_\_\_\_

L15000001521

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

THIRD: The street address of the limited liability company's principal office is:  
6735 Conroy Road, Suite 224

Orlando, FL 32835

The mailing address of the limited liability company's principal office is:  
6735 Conroy Road, Suite  
224

Orlando, FL 32835

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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: Teresa Picone

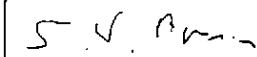
b. No authority granted to: N/A

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

a. Granted to: Teresa Picone

b. No authority granted to: N/A

DocuSigned by:



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Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)