

L15000014912

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CLERK OF SUPERIOR COURT
JALAPA, CALIFORNIA

OCT 28 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROSEMARY VILLAGE HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tarek Kirschen

Name of Person

GLOZAL CAPITAL LLC

Firm/Company

16850 COLLINS AVE #111

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

tk@glozal.com

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

For further information concerning this matter, please call:

Tarek Kirschen

305

890-9900

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEIN# 47-3097551

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Oct 23 , 2015

Tarek Kirschen

Signature of a member or authorized representative of a member

Tarek Kirschen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

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: HAPPY DAY LLC

SECOND: The Florida Document Number of the limited liability company is: L14000093485

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

476 Tilford V

Deerfield Beach, FL 33442

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

Same

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: HELMY SORIAL 41%, MARY YOUSSEF 41%,

WAHIB YOUSSEF 9% AND JANETTE YOUSSEF 9%

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: WAHIB YOUSSEF 9%

b. No authority granted to: _____

Mary Youssef
Signature of authorized representative

H. SORIAL

Mary Youssef & Helmy Sorial
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)