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COVER LETTER

TO: Registration Section Division of Corporations		ه ده
*	•	· · · · · · · · · · · · · · · · · · ·
DEEHL PLLC SUBJECT:		
	nited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this mat	ter to the following	:
David L. Deehl		
Name of Person		
DEEHL PLLC		
Firm/Company		
2655 S. Le Jeune Road, Suite 524		
Address		
Coral Gables, FL 33134		
City/State and Zip Code		
david@deehl.com		
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, please	e call:	
David L. Deehl	305 at (216-8012
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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DEEH L

2655 S. Le Jeune Road Suite 524 Coral Gables, FL 33134 305.448.9111 305.442.0441 Fax







March 21, 2022

www.deehl.com

Lydia A. Robinson Yelena Deehl Ninoshka Chang Legal Assistants

VIA FEDEX OVERNIGHT
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Regarding Deehl PLLC - L15000043333

Yelena Deehl is appointed as Assistant Managing Member with the authorization to take all action necessary for Deehl PLLC in the conduct of its business, including, but not limited to, updating records, auto leasing or financial transactions.

This is a Resolution of Deehl PLLC by its Managing Member, David L. Deehl.

DAVID L. DEEHL Managing Member

21/2000

DATE

cc: David L. Deehl Managing Member

STATEMENT OF AUTHORITY

authority			DEL	PHI PLIC			
FIRST:	The name	of the limited liability	company is:				
SECON	D: The Flo	orida Document Numb	per of the limited li	iability comp	any is:	143333	
THIRD:	The street	address of the limited	f liability company	y's principal	office is:		
	2655 S. Le	Jeune Road, Suite 52	4, Coral Gables, F	FL 33134			Si 2
						ALI	122 H
		-					2022 HAR 22
		ing address of the limi	, .		al office is:	ASSEE.	22 AH
	2655 S. Le	Jeune Road, Suite 524	4, Coral Gables, F	FL 33134		FATE	8: 50
		-	<u> </u>			·	9
person oi	n the follow	kecute an instrument ti	ransferring real pr	operty held in	n the name of th	e company.	a specific
	b.	No authority granted	d to:				
	2. May e	nter into other transac Granted to:					
		for auto leasing, upo	date records and fi	inancial trans	actions		
	b.	No authority granted	d to:				
and the same of th		TIA				<u>-</u> .	
ikoja vyjej Signature	of authoric	ed representative			Pavid L. Deehl Typed or printe	d name of sim	
ga.u.c	. VI BUILDI IZ	sea representative	Filing Fee: Certified Copy	\$25.00 r: \$30.00 (op	•	d name of sigi	iatutç

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