

# L150000086643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

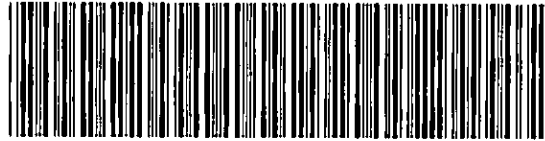
(Business Entity Name)

(Document Number)

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

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Office Use Only



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04/26/22--01001--014 \*\*25.00

**FILED**

2022 APR 27 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FL

**RECEIVED**

2022 APR 27 PM 4:21

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

QWIK COURIER

850-284-4584

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER

PLEASE USE NAME ON THE REQUEST.

**PLEASE PUT IN OUR BOX WHEN COMPLETED**

CUSTOMER Alejandra Marquez Villa

Syma GROUP, LLC

\* Flor. Info@amvlegalgroup.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SYMA GROUP, LLC

\_\_\_\_\_  
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:

Alejandra Marquez Villa

\_\_\_\_\_  
Name of Person

AMV Legal Group P.A

\_\_\_\_\_  
Firm/Company

2450 Hollywood Blvd, Ste 300

\_\_\_\_\_  
Address

Hollywood, FL 33020

\_\_\_\_\_  
City/State and Zip Code

Title@amvlegalgroup.com

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

For further information concerning this matter, please call:

Alejandra Marquez Villa

954

253-9695

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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: SYMA GROUP, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000086643

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

6061 N. FALLS CIRCLE DRIVE, UNIT #401,

LAUDERHILL, FL 33319

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

6061 N. FALLS CIRCLE DRIVE, UNIT #401

LAUDERHILL, FL 33319

**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, to specific person on the following:

1. May execute an instrument transferring real property held in the name of the company:

a. Granted to: PROVENZANO, GILLES

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: N/A

b. No authority granted to: N/A

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR 27 AM 9:55

FILED

Gilles Provenzano  
Signature of authorized representative

PROVENZANO, GILLES

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

CR2E138 (2/14)