

215000211968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

215000211968

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELIAD LLC, a Florida limited liability company
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

ABRAHAM ISAAC WERJUKA a/k/a ABRAHAM WERJUKA
Name of Manager

ELIAD LLC, a Florida limited liability company
Name of Company

992 Tamiami Trail, Suite H2
Address of Company

Port Charlotte, FL 33953
City/State and Zip Code

avi@worldco.co.uk
E-mail Address of Manager

For further information concerning this matter, please call:

Cindy Ehlke at 941-627-1000

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John Wideikis, Esq
3195 S Access Road
Englewood, FL 34224

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TALLAHASSEE, FL

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28 day of AUGUST, 2018, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **ELIAD LLC, a Florida limited liability company**

SECOND: The Florida Document Number of the limited liability company is: **L15000211968**

THIRD: The street address of the limited liability company's principal office is: **992 Tamiami Trail, Suite H2, Port Charlotte, FL 33953**

The mailing address of the limited liability company's principal office is: **992 Tamiami Trail, Suite H2, Port Charlotte, FL 33953**

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 matters enumerated below:

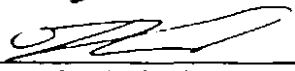
1 May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums

- a Granted to: **ABRAHAM ISAAC WERJUKA a/k/a ABRAHAM WERJUKA**, as Manager
- b No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company

- a. Granted to: **ABRAHAM ISAAC WERJUKA a/k/a ABRAHAM WERJUKA**, as Manager
- b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein

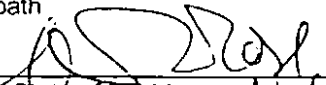


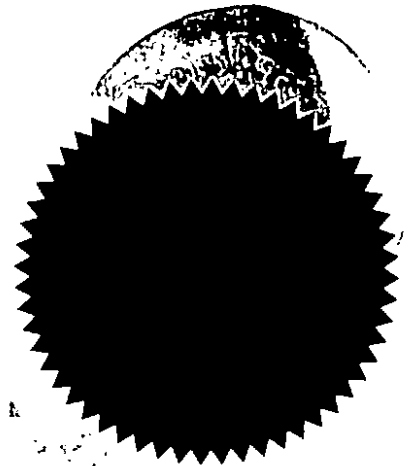
Signature of authorized representative

ABRAHAM ISAAC WERJUKA a/k/a
ABRAHAM WERJUKA, as Manager
Printed name and position title

STATE OF Virginia
COUNTY OF Spencer

The foregoing instrument was acknowledged before me this 28th day of August, 2018
by ABRAHAM ISAAC WERJUKA a/k/a ABRAHAM WERJUKA, as Manager of ELIAD LLC, a Florida
limited liability company who is/are personally known to me or who has/have produced
Allen Peter Nost as identification and who did take an oath

Allen Peter Nost 
Notary Public, State of Florida
My Commission Expires: 01/17
(Seal) it without
trust of law



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