

L160000665224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

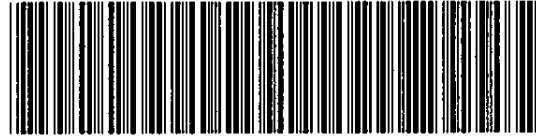
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/16--01005--001 **50.00

RECEIVED
DEPARTMENT OF
16 MAY 23 PM 3:56

FILED
16 MAY 23 AM 8:52
SECURITY OF STATE
TALLAHASSEE, FL 32302

2021-05-24
J. HARRIS

CourierXpress

Requester's Name

PO Box 387

Address

850-

Monticello, FL 32345

City/State/Zip

832-8365

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. OM Design Build LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OM DESIGN BUILD, 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:

ATTN: OM DESIGN BUILD ADMINISTRATOR

Name of Person

OM DESIGN BUILD, LLC

Firm/Company

350 LINCOLN ROAD, 2ND FLOOR

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

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

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: OM DESIGN BUILD, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000065224

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

350 LINCOLN ROAD

2ND FLOOR

MIAMI, BEACH, FL 33139

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

350 LINCOLN ROAD

2ND FLOOR

MIAMI BEACH, FL 33139

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: Wanda Washington, Treasurer

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: Wanda Washington, Treasurer

b. No authority granted to: _____


Signature of authorized representative

Stiletto Home Renovators, LLC

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
16 MAY 23 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA