

L16000233260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

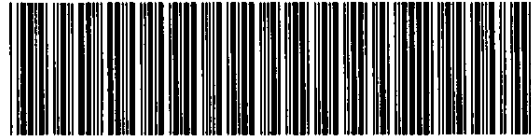
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100293931121

01/05/17--01026--005 **25.00

2017 JAN -5 A 10 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN & SONIA 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:

John Jacob

Name of Person

John & Sonia Group LLC

Firm/Company

12091 NW 2nd Dr

Address

Coral Springs FL 33071

City/State and Zip Code

SIBY@NEXTLEVELTAX.COM

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

For further information concerning this matter, please call:

SIBY K.MATHEW,CPA

at (972) 330-3313

Name of Person

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: JOHN & SONIA GROUP LLC

SECOND: The Florida Document Number of the limited liability company is: 100293694431

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

12091 NW 2nd Dr

Coral Springs FL 33071

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

12091 NW 2nd Dr

Coral Springs FL 33071

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.

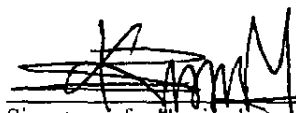
a. Granted to: JOHN JACOB and SONIA JOSEPH

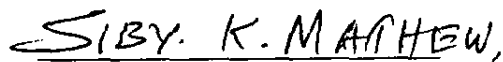
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JOHN JACOB and SONIA JOSEPH

b. No authority granted to: _____


Signature of authorized representative


Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2017 JAN -5 AD 03
SECRETARY OF STATE
FLORIDA

FILED