

h17 00000 2518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

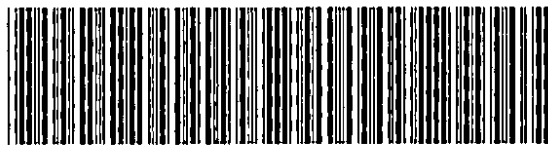
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC 11 AM 7:03

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JAN 26 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Y.I.R. Properties, 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:

Y.I.R. Properties, LLC CARE OFF - AVNER COHEN

Name of Person

Firm/Company

135 WESTON RD # 298

Address

WESTON , FL 33326

City/State and Zip Code

EGAPROPERTIES@GMAIL.COM

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

For further information concerning this matter, please call:

AVNER COHEN

Name of Person

305

at (_____) _____
Area Code

978-9666

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

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: Y.J.R. Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000002518

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

c/o Outlook Property Mgt.2001 HOLLYWOOD BLV304HOLLYWOOD, FL 33020

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

c/o Outlook Property Mgt.2001 HOLLYWOOD BLV304HOLLYWOOD, FL 33020

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.

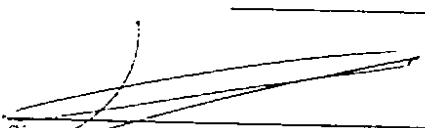
a. Granted to: AVNER COHEN

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: AVNER COHEN

b. No authority granted to: _____


Signature of authorized representative

ODED SOLDIN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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