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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Palm Liquors LL (Name of Limited Liability (Company)
DOCUMENT NUMBER: L 170000	46596
The enclosed Statement of Authority and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
RASHAAN SALAAM	
(Name of Person)	
PAIN Liquors LLC (Firm/Company)	
(Firm/Company)	
2201 Sw 1013+ AVC 5107	
(Address)	
MICANAC FL BBOCK	
M (cance fe 33025 (City/State and Zip Code)	_
For further information concerning this matt	er, please call:
RasHanni Salann at (Name of Person)	954-451-7344
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building P.O. Box 6327	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

statement of authority:	lorida Statutes, this limited liability company submits the following
FIRST: The name of the limited	d liability company is: Ralm Liquors LC.
	company was registered with the Florida Department of State on ed document number \(\(\lambda\cdot\) \(\lambda\cdot\) \(\lambda\cdot\)
THIRD: The street and mail	ing address of the limited liability company's principal office is
	names and addresses of the (manager(s)/member(s)) authorized to ring real property held in the name of the limited liability company
	plicable, state or include the authority, or limitations on the authority, per(s)) to enter into other transactions on behalf of the limited liability
Paid Monthly From	Statement of Authority or Limitation of Authority: ws Palmbiguous us will be pirchessing the business Account and the proceeds cance will so to benefit his teaming
of (Manager(s)/Members(s)): As part of a Bon Life Insurance to Poid monthly from Seam Life Insurance	or Limitation of Authority: 2000 Authority: 20
of (Manager(s)/Members(s)): As Part of a Bon Life Insurance f Paid monthly from Secure Life Insurance The execution of this statement stated herein are true.	or Limitation of Authority: OF AIMPLICATION OF LIMITED PROCESSION The Publicas Account and the Procession The Publicas Account and the Procession Constitutes an affirmation under the penaltics of perjury that the facts mation submitted in a document to the Department of State constitutes
The execution of this statement stated herein are true. I am aware that any false inform a third degree felony as provide Signatures of a (manager/members(s)): As Part of a Bon As Part of a Bon Frank True The execution of this statement stated herein are true. I am aware that any false inform a third degree felony as provide Signatures of a (manager/members):	or Limitation of Authority: OF AIMPLICATES ALL WILL BE PURCHASHING The business Account and the products Constitutes an affirmation under the penaltics of perjury than the facts mation submitted in a document to the Department of State constitutes d for in s. 817.155, F.S.