

L17000059727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

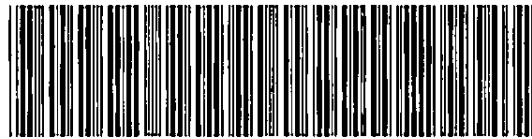
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT -1 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VERIFRED 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:

Daniel J. Serber

\_\_\_\_\_  
Name of Person

Serber & Associates, P.A.

\_\_\_\_\_  
Firm/Company

2875 NE 191st Street, Suite 801

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Maya Frenkiel

305

932.6262

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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: VERIFRED LLC

SECOND: The Florida Document Number of the limited liability company is: L17000059727

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

2320 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020

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

2320 HOLLYWOOD BLVD. HOLLYWOOD, 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.

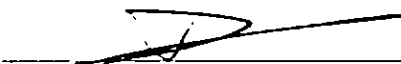
a. Granted to: S & A Company Management, LLC

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: S & A Company Management, LLC

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Daniel J. Serber

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2021 OCT -1 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA