

L17000110043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

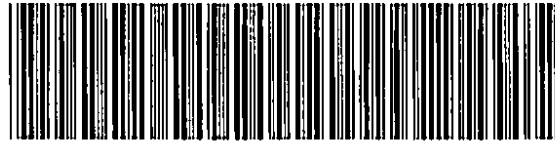
(Business Entity Name)

(Document Number)

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FEB 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shimshon Enterprises 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:

Justin Zeig, Esq.
Name of Person

Zeig Law Firm, LLC
Firm/Company

3475 Sheridan Street, suite 310
Address

Hollywood, FL 33021
City/State and Zip Code

Justin @ ZeigLaw Firm. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Zeig at (754) 217-3084
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: Shimshon Enterprises LLC

SECOND: The Florida Document Number of the limited liability company is: L17000110043

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

5221 SW 40 Avenue, #45
Dania Beach, FL 33312

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

5221 SW 40 Avenue, #45
Dania Beach, FL 33314

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: Arie Levi

b. No authority granted to: Zohar Levi

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

a. Granted to: Arie Levi

b. No authority granted to: Zohar Levi

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x CH M/S
Signature of authorized representative

Zohar Levi
Typed or printed name of signature

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