

L17000202995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

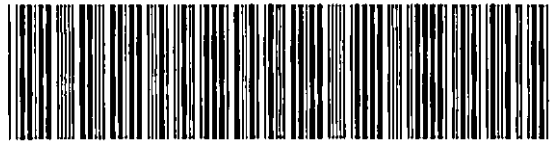
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOOZOLOGY 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:

Shimon Hadad

Name of Person

Firm/Company

8932 Water Tupelo Road

Address

Fort Myers, FL 33932

City/State and Zip Code

Floridadry@gmail.com

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

For further information concerning this matter, please call:

Avi Bitton

Name of Person

at (_____) _____

Area Code

930-5205

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

CR2E138 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Foozology LLC

SECOND: The Florida Document Number of the limited liability company is: L17000202995

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

2520 NE 186th Street

North Miami Beach FL 33180

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

2520 NE 186th Street

North Miami Beach FL 33180

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: Avi Bitton

b. No authority granted to: Shimon Hadad

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

a. Granted to: Avi Bitton

b. No authority granted to: Shimon Hadad

[Signature]
Signature of authorized representative

Avi Bitton

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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