

L18000 042 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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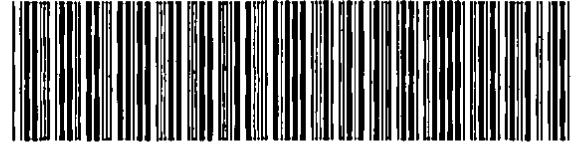
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: JUNGLE GIFT SHOP LLC

SECOND: The Florida Document Number of the limited liability company is: L18000042888

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

12555 ORANGE DRIVE, SUITE #4145

DAVIE, FL 33330

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

12555 ORANGE DRIVE, SUITE #4145

DAVIE, FL 33330

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.

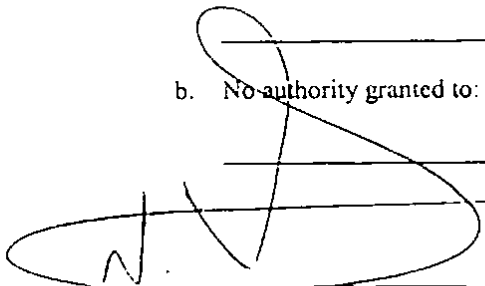
a. Granted to: RONEN GUR

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: RONEN GUR

b. No authority granted to: _____


Signature of authorized representative

NISSIM VAKNIN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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