

L180000 44829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

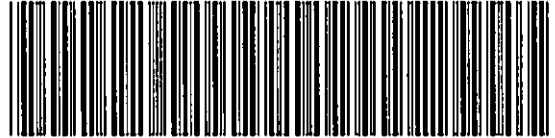
(Business Entity Name)

(Document Number)

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

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APR 17 2020  
S. YOUNG

2020 APR -6 AM 7:15

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DROP MY FEES 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:

Gil Yosefi

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

DROP MY FEES LLC

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

17100 NE 19th Ave #A1

\_\_\_\_\_  
Address

North Miami Beach, FL 33162

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

gilyos100@gmail.com

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

For further information concerning this matter, please call:

Gil Yosefi

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

954  
at (\_\_\_\_\_)\_\_\_\_\_  
Area Code

816-0450

\_\_\_\_\_  
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: DROP MY FEES LLC

**SECOND:** The Florida Document Number of the limited liability company is: L18000044829

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

17100 NE 19th Ave. #C3

North Miami Beach, FL 33162

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

17100 NE 19th Ave. #C3

North Miami Beach, FL 33162

**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: Gil Yosefi by virtue of his election as Sole Manager of Drop My Fees, LLC  
y the Members of the Company and in accordance with the Company's Operating Agreement

b. No authority granted to: to the previous manager Jared Hollander

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

a. Granted to: Gil Yosefi by virtue of his election as Sole Manager of Drop My Fees, LLC  
y the Members of the Company and in accordance with the Company's Operating Agreement

b. No authority granted to: to the previous manager Jared Hollander

  
\_\_\_\_\_  
Signature of authorized representative

Gil Yosefi  
\_\_\_\_\_  
Typed or printed name of signature

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

2020 APR -6 AM 7:15

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