

L18000087912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

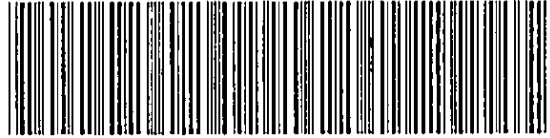
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/01/20--01003--004 **95.00

RECEIVED
2020 APR 30 PM 4:03
TALLAHASSEE FLORIDA
2020 APR 30 AM 7:38

O SIMMONS

MAY 01 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

I. Saadon, LLC
(Corporation Name)

Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of the Certificate of Status

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

Statement of Authority

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saadon, 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.

Ali S. Hasan

Name of Person

Saadon, LLC

Firm/Company

1377 S. Washington Avenue

Address

Clearwater, Florida 33756

City/State and Zip Code

alihan4471@yahoo.com

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

For further information concerning this matter, please call:

Ali S. Hasan

727

520-3749

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: Saadon, LLC 2020 APR 30 AM 7:38

SECOND: The Florida Document Number of the limited liability company is: L18000087912

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

1377 S. Washington Avenue, Clearwater, Florida 33756

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

1377 S. Washington Avenue, Clearwater, Florida 33756

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: Ali S. Hasan

b. No authority granted to: Ariagna Mahel Garcia

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

a. Granted to: Ali S. Hasan

b. No authority granted to: Ariagna Mahel Garcia


Signature of authorized representative

Ali S. Hasan

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)