

L18 000223710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

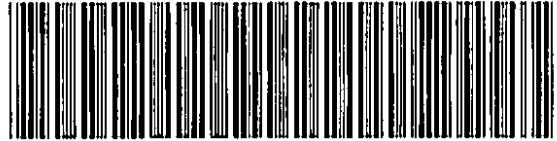
(Business Entity Name)

(Document Number)

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

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04/02/21--01020--008 \*\*25.00

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2021 APR -2 AM 9:32  
CLERK OF COURT

Stmt Auth

JUN 04 2021  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **INVESTMENT ADVANTAGE GROUP LLC**

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

**KHIENO PHIDD**

*Name of Manager*

**INVESTMENT ADVANTAGE GROUP LLC**

*Name of Company*

**8561 NW 17th Street**

*Address of Company*

**FT Lauderdale, FL 33322**

*City/State and Zip Code*

**KPHIDD@HOTMAIL.COM**

*E-mail Address of Manager*

For further information concerning this matter, please call: 941-627-1000 ext: 2016

Tiffany Pride

**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

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

FILED  
2021 APR -2 AM 9:32  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 29 day of March, 2021, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

- FIRST:** The name of the limited liability company is: **INVESTMENT ADVANTAGE GROUP LLC, a Florida Limited Liability Company**
- SECOND:** The Florida Document Number of the limited liability company is: **L18000223710**
- THIRD:** The street address of the limited liability company's principal office is: **8561 NW 17th Street, FT Lauderdale, FL 33322**
- The mailing address of the limited liability company's principal office is: **8561 NW 17th Street, FT Lauderdale, FL 33322**
- 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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
  - a. Granted to: **KHIENO PHIDD**, as Manager.
  - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
  - a. Granted to: **KHIENO PHIDD**, as Manager.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

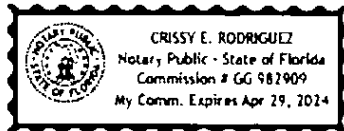
X Khiemo Phidd  
Signature of authorized representative

KHIENO PHIDD, as Manager  
Printed name and position title

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of    physical presence or    online notarization, this 29 day of March, 2021 by KHIENO PHIDD, as Manager of INVESTMENT ADVANTAGE GROUP LLC, a Florida Limited Liability Company, who is/are personally known to me or who has/have produced    as identification and who did take an oath.



[Signature]  
Notary Public, State of Florida  
My Commission Expires: 04/29/2024  
(Seal)