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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

ro:	Registration Section Division of Corporations
31 (13 11°	ST1 PROPERTY LLC
SUBJE	Name of Limited Liability Company
Dear Sir	or Madam:
The enc	losed Statement of Authority and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
Neil Mi	lestone
	Name of Person
Milesto	ne Title Company
	Firm/Company
100 N.	Federal Highway Suite 200
	Address
Hallan	dale Beach, FL 33009
	City/State and Zip Code
neil@r	nmmtitle.com
	E-mail address: (to be used for future annual report notification)
D 6	ther information concerning this matter, please call:

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

612-7705

954

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

Neil Milestone

STATEMENT OF AUTHORITY

authority	y:	ites, this limited liability company submits the following statement of
FIRST:	The name of the limited liability com	ST1 PROPERTY LLC, a Florida limited liability company is:
SECON	D: The Florida Document Number of	of the limited liability company is:
THIRD	: The street address of the limited liah 1450 Atlantic Shores Blvd.	
	#306	
	Hallandale Beach, FL 33009	2020 11 12 28
	The mailing address of the limited last 1450 Atlantic Shores Blvd.	liability company's principal office is:
	#306	. တ
	Hallandale Beach, FL 33009	
	a. Granted to:	TAZHKOVA nortgage and encumber real property
	b. No authority granted to	0:
		ons on behalf of, or otherwise act for or bind, the company. STAZHKOVA
	b. No authority granted to	60:
(/ 1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Aleksandr Karavaev
Signan		Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)