L19000012503

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R. WHITE APR 1 8 2013

COVER LETTER

TO: Registration Section Division of Corporations								
SIMPARK LLC								
SUBJECT: Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Statement of Authority a	and fee(s) are submit	ted for filing.						
Please return all correspondence conce	erning this matter to	the following:	:					
Jamie Tarich								
Name of Pers	son							
The Tarich Law Firm P.A.								
Firm/Compa	ny							
1946 Tyler Street								
Address								
Hollywood, Florida 33020								
City/State and Zip C	Code							
jamie@tarichlaw.com								
E-mail address: (to be used t	or future annual repo	rt notification	n)					
For further information concerning the	is matter, please call:							
Jamie Tarich	at (305	Daytime Telephone Number					
Name of Person		Area Code	Daytime Telephone Number					
STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registrati Division P.O. Box	GADDRESS: ion Section of Corporations 6327 see, Florida 32314					

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	:		·	company submits the follow	ung statemer	n of
FIRST:	The name o	f the limited liability com	npany is: SIMPARK	LLC		
SECON	D: The Flor	ida Document Number o	f the limited liability co	mpany is: L1900001250)3	
THIRD:		address of the limited liah	bility company's princip	al office is:		
•	BEVERL	Y HILLS, CA 9021				
		ng address of the limited l	liability company's prin	eipal office is:		
	BEVERL	Y HILLS, CA 9021				
position of person or	of a person in the followi	n a company, whether as ng: ecute an instrument trans	a member, transferee, n	athority on all persons having nanager, officer or otherwise d in the name of the compan	or to a speci	r fic
	b.	No authority granted to:	execute an instru	iment transferring	TALL STATE)
	2. May er a.	Granted to:	Cohen, execute ar	vise act for or bind, the comp ny and all documents, ompany, subject to (b)	11 PM12: 20	
	b. No authority granted to: execute an instrument transferring					
			in the name of the	company		
	11	1		Jean Simonian, AM	BR	
Signature	of mahoriz		Filing Fee: \$25.00 Certified Copy: \$30.00	Typed or printed name o (optional)	f signature	_