

L19000063160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

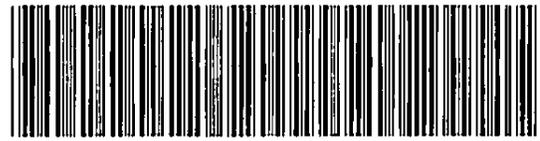
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TARA FOREST, 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:

DENISE LOWRY HUTSON
Name of Person

SALTER FEIBER, P.A.
Firm/Company

3940 NW 16TH BLVD., BLDG. B
Address

GAINESVILLE, FL 32605
City/State and Zip Code

SAYED@MOUKHITARA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA BOWEN at (352) 376-8201
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

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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: TARA FOREST, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000063160

THIRD: The street address of the limited liability company's principal office is:
7717 NW 20TH LANE
GAINESVILLE, FL 32605
USA

The mailing address of the limited liability company's principal office is:
7717 NW 20TH LANE
GAINESVILLE, FL 32605

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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: SILVIA MOUKHTARA NEMER

b. No authority granted to:

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: SILVIA MOUKHTARA NEMER

b. No authority granted to:

[Handwritten signature]

Signature of authorized representative

SAYED MOUKHTARA

Typed or printed name of signature

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

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