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SECRETARY OF STATE
TALLAHASSES, FL

COVER LETTER

TO:

Registration Section Division of Corporations

CREATIVEMIGOS, LLC

SUBJECT:		
	imited Liability (Company
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for fil	ing.
Please return all correspondence concerning this ma	atter to the follow	ving:
Eric L. Jackwin, Esq.		
Name of Person		<u> </u>
Jackwin Legal, P.A.		
Firm/Company		
423 SE 19th Street		
Address		<u> </u>
Fort Lauderdale, FL 33316		
City/State and Zip Code	<u>.</u>	
Ejackwin@jackwinlegal.com		
E-mail address: (to be used for future ann	ual report notific	ation)
For further information concerning this matter, plea	ase call:	
Jamilah Khalil	954	326-7389
Name of Person	at (Area Co	ode 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 authority:	d liability company submits the following statement of ATIVEMIGOS, LLC
FIRST: The name of the limited liability company is:	
SECOND: The Florida Document Number of the limited lia	L19000143481 ability company is:
THIRD: The street address of the limited liability company 411 SW 19th Street	's principal office is:
Fort Lauderdale, FL 33315	SECRETARY TALL ARY any's principal office is:
The mailing address of the limited liability compa	第9 是 (
Fort Lauderdale, FL 33346	8: 26 STATE
FOURTH: This statement of authority grants or sets limitat position of a person in a company, whether as a member, traiperson on the following: 1. May execute an instrument transferring real pro- Lloyd Rodriguez a. Granted to:	nsferee, manager, officer or otherwise or to a specific operty held in the name of the company.
b. No authority granted to:	
May enter into other transactions on behalf of, Lloyd Rodriguez a. Granted to:	
b. No authority granted to:	
HI?	Jamilah Khalil
Signature of authorized representative Filing Fee: Certified Copy	Typed or printed name of signature \$25.00 (optional)