19000145393

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	
(B	lusiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	
	Office Use Only

•



09/01/22--01022--016 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

JJL LYNN, LLC SUBJECT:

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:

RAFAEL SERRANO

Name of Person

RS-ABL, LLC

Firm/Company

1825 Ponce de Leon Blvd., #59

Address

Coral Gables, Florida 33134

City/State and Zip Code

cs@lynxesq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Rafael Serrano
 at (305)
 7222002

 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

2022 SEP - 1 PM 2:

58 28

CR2E138 (2/14)

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: _____

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

THIRD: The street address of the limited liability company's principal office is:

c/o RS-ABL 1825 Ponce de Leon #59

Coral Gables, FL 33134

The mailing address of the limited liability company's principal office is:

c/o RS-ABL 1825 Ponce de Leon #59

Coral Gables, FL 33134

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific SEP person on the following:

1. May execute an instrument transferring real property held in the name of the company.

Granted to:______

- a.
- b. No authority granted to: VANI LALWANI, JAI LALWANI JIWAT LALWANI

May enter into other transactions on behalf of, or otherwise act for or bind, the company. 2.

Granted to : ______ a.

b. No authority granted to: _______ VANI LALWANI. JAI LALWANI

JIWAT LALWANI

nature of authorized representative

Christopher Spucher, Typed or printed name of signature

: 1

្រ ា 🗄

For KS-ABL

t

PM 2:

as courses

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