

L190000187933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

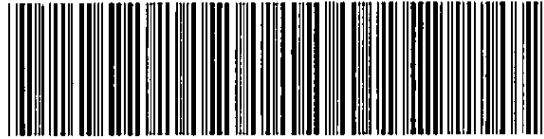
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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08/07/19--01006--003 **25.00

19 AUG -5 AM 9 44

RECEIVED

STATE
TALLAHASSEE, FLORIDA

19 AUG -5 PM 10:00

FILED

K. SALY
AUG 7 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2019

STEALTH COURIER

SUBJECT: RIGHT TIME TAZ LLC
Ref. Number: L19000187933

We have received the "Statement of Authority" for "Right Time Taz LLC" but no money was authorized for the filing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 619A00016020

RECEIVED
DIVISION OF CORPORATIONS
19 AUG - 6 PM 3:26

COVER LETTER

TO: Registration Section
Division of Corporations

RIGHT TIME TAZ 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:

TAMER KARADAGLI

Name of Person

RIGHT TIME TAZ LLC

Firm/Company

4400 N FEDARAL HWY; SUITE 210-29

Address

BOCA RATON FL, 33434

City/State and Zip Code

tamer@righttimetaz.com

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

For further information concerning this matter, please call:

SELIM APAYDIN

516

236 0037

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: RIGHT TIME TAZ LLC

SECOND: The Florida Document Number of the limited liability company is: L 19000187933

THIRD: The street address of the limited liability company's principal office is:
4400 N FEDERAL HWY

SUITE 210-29

BOCA RATON FL 33431

The mailing address of the limited liability company's principal office is:
4400 N FEDERAL HWY

SUITE 210-29

BOCA RATON FL 33431

FILED
19 AUG -5 PM 10:00
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

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

SELIM APAYDIN

a. Granted to: _____

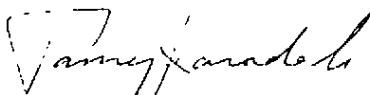
b. No authority granted to: _____

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

SELIM APAYDIN

a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

TAMER KARADAGLI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)