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(Address) (City/State/Zip/Phone #)	10/15/1901011028 **50.0 0
(Business Entity Name)	
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TO: Registration Section Division of Corporations

SUBJECT: _____

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary S. Glasser, Esq.

Name of Person

Gary S. Glasser, P.A.

Firm/Company

28 W. Flagler Street, Suite 608

Address

Miami, FL 33130

City/State and Zip Code

gsg50@msn.com

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

For further information concerning this matter, please call:

Gary S. Glasser	305	377-4187
	_ at ()
Name of Person	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

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:	RST: The name of the limited liability company is: 3412 Lejeune, LLC, a Florida limited					
liabilit	y company					
SECON	D: The Florida Document Number of the limi	ited liability company is:				
THIRD:	The street address of the limited liability con 1552 East Gate Way, #128	npany`s principal office is:				
	Pleasanton, CA 94566			2019 007 16	<u>ت</u> الآل	
	The mailing address of the limited liability of Gary S. Glaser, P.A.	company's principal office is:	LLNHAS5Ed	16 AM	· · · · · ·	
	28 W. Flagler Street, Suite 608		דר 	0 :8	a ·	
	Miami, FL 33130		;			

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.

a. Granted to: 3412 Lejeune, LLC, a Florida limited	
liability company/IAson AZICRI, Managing Member	`
b. No authority granted to: \mathcal{N}/\mathcal{A}	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to:	
b. No authority granted to: \mathcal{N}/\mathcal{A}	
Signature of authorized representative GARY3. Glasse Typed or printed name of signature	-
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

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