

L19000256360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

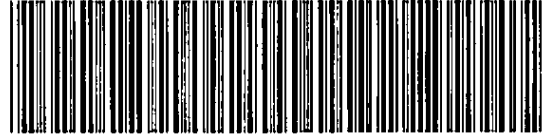
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILTON ANDREWS OFFICE, 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:

Kyle Sorel

Name of Person

WILTON ANDREWS OFFICE, LLC.

Firm/Company

1840 SE 1 AVE

Address

Fort Lauderdale, FLORIDA 33316

City/State and Zip Code

kyle@titndev.com

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

For further information concerning this matter, please call:

Kyle Sorel

954

562-2032

at (_____) _____

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

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: WILTON ANDREWS OFFICE, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000256360

THIRD: The street address of the limited liability company's principal office is:
1840 SE 1 AVE FORT LAUDERDALE, FL 33316

The mailing address of the limited liability company's principal office is:
1840 SE 1 AVE FORT LAUDERDALE, FL 33316

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.

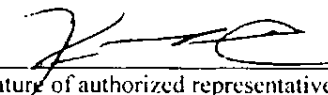
a. Granted to: Kyle Sorel

b. No authority granted to: Michael Govern, Jordan Cohen

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

a. Granted to: Kyle Sorel, Michael Govern, Jordan Cohen

b. No authority granted to: _____


Signature of authorized representative

Kyle Sorel
Typed or printed name of signature

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