

L200000048820

(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



200412052442

5 CERTIFIED  
JUL 18 2023

07/18/23--01001--001 \*\*175.00

2023 JUL 17 AM 9:26

1511270

2023 JUL 17 PM 2:55

25

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:      BROOK 7/17**

**CERTIFIED COPY**

**XX      PHOTOCOPY**

**CUS**

**XX      FILING**

**STATEMENT OF AUTHORITY**

**1.      RED PARKS LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RED PARKS 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:

Eden Sade

\_\_\_\_\_  
Name of Person

RED PARKS LLC

\_\_\_\_\_  
Firm/Company

3595 Sheridan Street Suite #206

\_\_\_\_\_  
Address

Hollywood FL 33021

\_\_\_\_\_  
City/State and Zip Code

receipts5130@gmail.com

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

For further information concerning this matter, please call:

Eden Sade

612

483-3332

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: RED PARKS LLC

**SECOND:** The Florida Document Number of the limited liability company is: L20000048820

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

3595 Sheridan Street Suite 206 Hollywood FL 33021

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

3595 Sheridan Street Suite 206 Hollywood FL 33021

**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: Eden Sade, Dor Sade

b. No authority granted to: Rami Shahmram

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

a. Granted to: Eden Sade, Dor Sade

b. No authority granted to: Rami Shahmram

  
Signature of authorized representative

Eden Sade

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)