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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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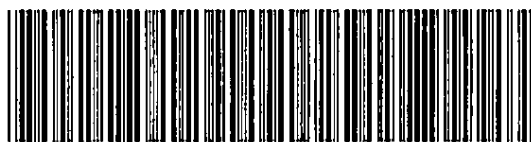
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alfa Legion 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:

Soslan Tedtoev  
Name of Person

Alfa Legion LLC  
Firm/Company

3355 Shawnee Ter  
Address

North Port, FL 34286  
City/State and Zip Code

info@alfailegion.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Soslan Tedtoev at ( 646 ) 330 2989  
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: Alfa Legion LLC

SECOND: The Florida Document Number of the limited liability company is: 620000069906

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

472 Central Park West Apt 2A,  
NEW YORK, NY 10025

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

472 Central Park West Apt 2A,  
NEW YORK, NY 10025

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: Marat Bagaev

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Marat Bagaev

b. No authority granted to: \_\_\_\_\_

[Signature]  
Signature of authorized representative

Soslan Tedtoev  
Typed or printed name of signature

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