## LZO 000071094

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SEP U 8 2020



D. BRUCE OCT 22 2020

**TO: Registration Section Division of Corporations** 

OMLET 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:

ANDREI GIRENKOV

Name of Person

E-LEGAL, PLLC

Firm/Company

2510 W TENNESSEE AVE

Address

**TAMPA, FL 33629** 

City/State and Zip Code

kostochkavishny@gmail.com

E-mail address: (to be used for future annual report notification) SEP -9 PM 5: For further information concerning this matter, please call: 789-5615 ANDREI GIRENKOV at (\_\_\_\_\_ Area Code Daytime Telephone Number Name of Person 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

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:	The name of the limited liability company is:	OMLET LLC
• ••••	The number of the initial nubbing company is:	

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

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

UNIT 23

. . . . .

TAMPA, FL 33629

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

2311 WEST MORRISON AVE

UNIT 23

TAMPA, FL 33629

**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.

	Certified Copy:		(optional)			
Signature of authorized representative	Filing Fee:	\$25.00	Typed or printed name o	f signatu	re	
			ELIZAVETA KRASILSH			
				-		
	EI GIRENKOV		ise act for or bind, the comp	-	: 25	
b. No authority granted	l to:			LAHASSEE	2020 SEP -9 PM 5:	
a. Granted to:	EI GIRENKOV			SECH TAL	2020 S	