

10/14/2020

L 20000239236

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000358449 3)))



H200003584493ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THERREL BAISDEN, LLP
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2020 OCT 14 PM 12:53
FILED

RECEIVED
2020 OCT 14 PM 4:54
SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
990 NE 212 TERRACE UNIT 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Y SULKED
OCT 15 2020
Help

Electronic Filing Menu Corporate Filing Menu

H20000358449

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: 990 NE 212 TERRACE UNIT 1, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000239236

THIRD: The street address of the limited liability company's principal office is:
15645 COLLINS AVE APT 602
SUNNY ISLES, FL 33160

The mailing address of the limited liability company's principal office is:
15645 COLLINS AVE APT 602
SUNNY ISLES, FL 33160

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: ARASH M. ASIL and MARINA OMERHODZIC ASIL

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: ARASH M. ASIL and MARINA OMERHODZIC ASIL

b. No authority granted to: _____

FILED
2020 OCT 14 PM 11:04
SECRETARY OF STATE

[Signature]
Signature of authorized representative

GORAN OMERHODZIC
Typed or printed name of signature

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

CR2E138 (2/14)