

120 0002 48980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

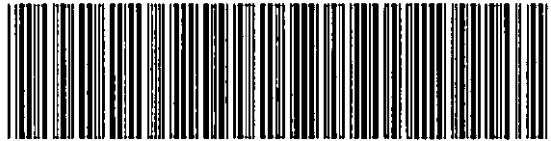
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLPFind, 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:

Jamie Toghranegar

Name of Person

SLPFind, LLC

Firm/Company

9409 Edenton Way

Address

Tampa, FL 33626

City/State and Zip Code

info@slpfind.com

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

For further information concerning this matter, please call:

Jamie Toghranegar

561  
at ( )

2899598

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: SLPFind, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L20000248980

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

6421 N. Florida Ave.

Ste D PMB

Tampa, FL 33604

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

6421 N. Florida Ave.

Ste D PMB

Tampa, FL 33604

**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: Jamie Toghranegar

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: Jamie Toghranegar

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

Jamie Toghranegar  
Signature of authorized representative

Jamie Toghranegar  
Typed or printed name of signature

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

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TALLAHASSEE, FLORIDA

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