

120 000 287408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

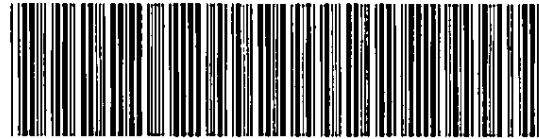
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SZM 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:

ZAHID MEMON
Name of Person

SZM LLC
Firm/Company

280 Patterson Rd Suite 3
Address

Haines City FL 33844
City/State and Zip Code

SAMIRAMIN@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAHID MEMON at (407) 963 6454
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: SEM LLC

SECOND: The Florida Document Number of the limited liability company is: L20000287408

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

280 Patterson Rd Suite 3
Gaines City
FL 33844

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

as above

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: _____

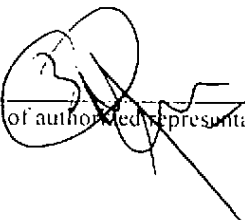
b. No authority granted to: MOHAMMED INSHAN

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

a. Granted to: _____

b. No authority granted to: MOHAMMED INSHAN

Signature of authorized representative



ZAHID MEMON

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA