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(Requestor's Name)

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(City/State/Zip/Phone #)

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Stuart Heath

SEP 21 2021
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Azaka Vision Services, 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:

Lougens Jean

Name of Person

Azaka Vision Services, LLC

Firm/Company

2812 SW 81st Avenue

Address

Miramar, FL 33025

City/State and Zip Code

jlougens24@live.com

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

For further information concerning this matter, please call:

Lougens Jean

305

772-1495

at ()

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: Azaka Vision Services, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000156521

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

2812 SW 81st Avenue

Miramar, FL 33025

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

2812 SW 81st Avenue

Miramar, FL 33025

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: Lougens Jean

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: Lougens Jean

b. No authority granted to: _____


Signature of authorized representative

Lougens Jean
Typed or printed name of signature

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

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FILED