

L21 000 192055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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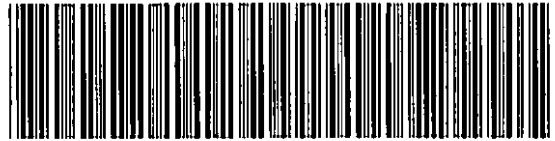
(Business Entity Name)

(Document Number)

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2021 MAY 17 AM 7:45

*Sam Huth*

ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCARTHUR 7261 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:

Mohamed Hashim

\_\_\_\_\_  
Name of Person

MCARTHUR 7261 LLC

\_\_\_\_\_  
Firm/Company

8430 NW 4th Street

\_\_\_\_\_  
Address

Pembroke Pines, FL, 33024

\_\_\_\_\_  
City/State and Zip Code

bzhashim2@gmail.com

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

For further information concerning this matter, please call:

Mohamed Hashim

352

973-2715

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: MCARTHUR 7261 LLC

**SECOND:** The Florida Document Number of the limited liability company is: L21000192055

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

1501 SW 131st Way

306P

Pembroke Pines, FL, 33027

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

8430 NW 4th Street

Pembroke Pines, FL, 33024

**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: Shaun Arif Hashim

301 Kingsway Place, Milton, ON, L9T 4C8


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: Shaun Arif Hashim

301 Kingsway Place, Milton, ON, L9T 4C8

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

  
Signature of authorized representative

Mohamed R Hashim

Typed or printed name of signature

Filing Fee: **\$25.00** ✓

Certified Copy: **\$30.00 (optional)**

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2021 MAY 17 AM 7:45