

L21000192066

(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 7:44

5/17/21

JUN 20 2021

ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEST PARK 5331 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

WEST PARK 5331 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: WEST PARK 5331 LLC

SECOND: The Florida Document Number of the limited liability company is: L21000192066

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

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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: Mohamed R Hashim Jr  
33 University Avenue, Unit #1404, Toronto, ON, M5J 2S7

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: Mohamed R Hashim Jr  
33 University Avenue, Unit #1404, Toronto, ON, M5J 2S7

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

M. Hashim  
Signature of authorized representative

Mohamed R Hashim  
Typed or printed name of signature

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