

L21 000200189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

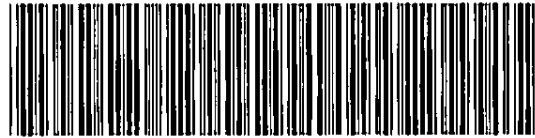
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

Miami Palms, LLC.

SUBJECT: _____
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:

Gary I. Handin

Name of Person

Garyl. Handin, P.A.

Firm/Company

3111 University Drive- Suite 605

Address

Coral Springs, Florida 33065

City/State and Zip Code

Williamfam@hotmail.com

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

For further information concerning this matter, please call:

Gary I. Handin

954

796-9600

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: MIAMI PALMS, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L21000200189

THIRD: The street address of the limited liability company's principal office is:
484 TILFORD V, DEERFIELD BEACH, FLORIDA 33442

The mailing address of the limited liability company's principal office is:
484 TILFORD V, DEERFIELD BEACH, FLORIDA 33442

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.

GARY I. HANDIN
a. Granted to: RABEA ALMALLAK

b. No authority granted to: N/A

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

GARY I. HANDIN
a. Granted to: RABEA ALMALLAK

b. No authority granted to: N/A


Signature of authorized representative

WILLIAM FAM

Typed or printed name of signature

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

CR2E138 (2/14)

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STATE OF FLORIDA
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