

L21000202584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

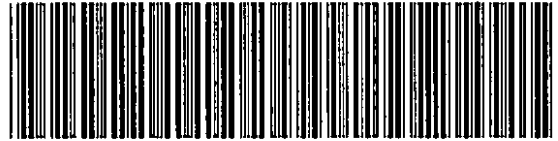
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINES 7900 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

PINES 7900 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: PINES 7900 LLC

SECOND: The Florida Document Number of the limited liability company is: L21000202584

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: 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)**