

21000501690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

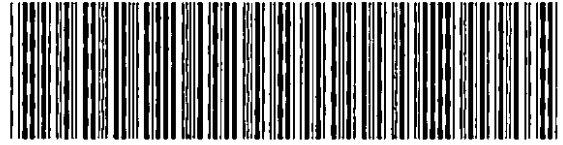
(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AYCI HOLDINGS, 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:

YOSEF, AVI

Name of Person

AYCI HOLDINGS, LLC

Firm/Company

250 N CONGRESS AVE, STE. D

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

ayciholdings@gmail.com

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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: AYCI HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000501690

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

250 N CONGRESS AVE, STE. D

DELRAY BEACH, FL 33445

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

[SAME AS ABOVE]

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.

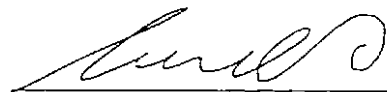
a. Granted to: MANAGERS OF THE LLC WITH CONSENT OF 2/3 OF
MANAGERS

b. No authority granted to: ANY MANAGER INDIVIDUALLY OR
WITHOUT CONSENT OF 2/3 MANAGERS

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

a. Granted to: MANAGERS OF THE LLC WITH CONSENT OF 2/3 OF
MANAGERS

b. No authority granted to: ANY MANAGER INDIVIDUALLY OR
WITHOUT CONSENT OF 2/3 OF MANAGERS



Signature of authorized representative

AVI YOSEF

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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DATE 11-12-24 BY 60322