

1220000 155 73

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

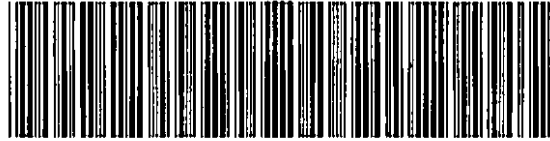
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 16 AM 11:16
CLERK OF SUPERIOR COURT

Statement
of
Authority

JUL 20 2022
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxonn Production and Goods 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:

Luxonn Mathurin
Name of Person

Luxonn Production and Goods LLC
Firm/Company

3541 NW 35th ter
Address

Lauderdale Lakes, FL 33309
City/State and Zip Code

Mluxonn@yahoo.fr
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luxonn Mathurin at (754) 281-4719
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: Luxonn production
and Goods LLC

SECOND: The Florida Document Number of the limited liability company is: 1220000015873

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

3541 NW 35th ter
Lauderdale Lakes, FL 33309

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

3541 NW 35th ter
Lauderdale Lakes, FL 33309

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.

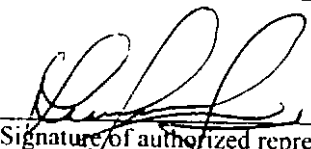
a. Granted to: Luxonn Mathurin

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: Luxonn Mathurin

b. No authority granted to: _____


Signature of authorized representative

Luxonn Mathurin
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)