

L22000070469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

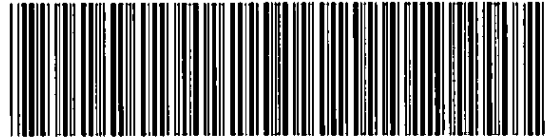
(Document Number)

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 7/17

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XX PHOTOCOPY

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XX FILING

STATEMENT OF AUTHORITY

1. REWARD ENTERPRISES LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REWARD ENTERPRISES 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:

Eden Sade

Name of Person

REWARD ENTERPRISES LLC

Firm/Company

3595 Sheridan Street Suite #206

Address

Hollywood FL 33021

City/State and Zip Code

receipts5130@gmail.com

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

For further information concerning this matter, please call:

Eden Sade

612

483-3332

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: REWARD ENTERPRISES LLC

SECOND: The Florida Document Number of the limited liability company is: L22000070469

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

3595 Sheridan Street Suite 206 Hollywood FL 33021

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

3595 Sheridan Street Suite 206 Hollywood FL 33021

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.

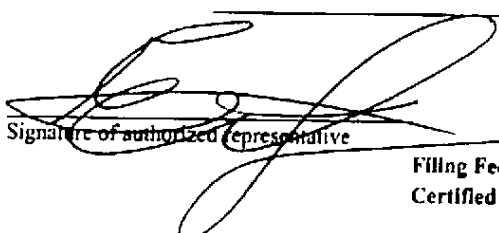
a. Granted to: Eden Sade

b. No authority granted to: Rami Shahmram

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

a. Granted to: Eden Sade

b. No authority granted to: Rami Shahmram


Signature of authorized representative

Eden Sade

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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