

L22000070469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

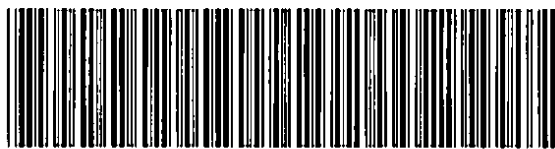
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Certified Copies _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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2023 Sept 1 AM 7:00

DIRECTOR OF REVENUE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

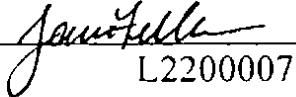
2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from account: 120210000160 : \$ 25.00

Authorization Signature: 

Reward Enterprises LLC L22000070469

Business Name

Document #

 Certified Copy

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Officer/Director
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMENDMENTS

 Amendment
 Resignation of R.A.
 Articles of Dissolution
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 X Statement of Authority

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE:

COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 OTHER

EXAMINER'S INITIALS:

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:

RAMI SHAHMRAM

Name of Person

REWARD ENTERPRISES LLC

Firm/Company

3595 SHERIDAN ST SUITE 206

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

RAMISHAHMRAM@GMAIL.COM

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

For further information concerning this matter, please call:

RAMI SHAHMRAM

954

789-6447

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: 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 ST, STE 206

HOLLYWOOD, FL 33021

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

3595 SHERIDAN ST, STE 206

HOLLYWOOD, FL 33021

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TALLAHASSEE, FLORIDA

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: RAMI SHAHMRAM

b. No authority granted to: EDEN SADE

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

a. Granted to: RAMI SHAHMRAM

b. No authority granted to: EDEN SADE


Signature of authorized representative

RAMI SHAHMRAM

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)