## L22000120482

(Re	equestor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	ry/State/Zip/Phone #	<del>Ý</del> )		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	<u> </u>		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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TALLAHASSEEFFLORIDA

Eller Har I god Estill

•	2330 CLARE DRIVE TALLAHASSEE, FL 323 (850) 524-5437 (850) 524-6243 Please use funds from acc	AHASSEE, FL 32309 24-5437 24-6243 use funds from account: I20210000160 : \$25.00_ ization Signature:					
	Certified Copy						
	Certificate of Status						
	NEW FILINGS		<u>AMENDMENTS</u>				
	Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP		Amendment Resignation of R.A Articles of Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated ArticlesXStatement of Authority				
	OTHER FILINGS REGISTERATION/QUALIFICATIONS						
	Annual Report		Foreign filing Limited Partnership				
	Fictitious NameAPOSTILLE: _ C	OUNTRY -	Reinstatement OTHER				
EXA	MIN1ER'S INITIALS:						

## **COVER LETTER**

Div	vision of Corporations		
	REWARD HOLDINGS LLC		
SUBJECT:	Name of L	imited Liability Cor	трапу
Dear Sir or I	Madam:		
The enclosed	Statement of Authority and fee(s) are	submitted for filing	<b>3</b> .
Please return	all correspondence concerning this ma	atter to the followin	g:
RAMI SHAI	HMRAM		
	Name of Person		_
REWARD H	OLDINGS LLC		_
· · · · · · · · · · · · · · · · · · ·	Firm/Company		
3595 SHERI	DAN STREET STE 206		_
	Address		-
HOLLYWO	OD, FL 33021		_
	City/State and Zip Code		
	IMRAM@GMAIL.COM		
Е-п	nail address: (to be used for future annu	ial report notification	n)
For further ir	formation concerning this matter, plea	se call:	
RAMI SHAI	HMRAM	954 at (	789-6447
	Name of Person	Area Code	Daytime Telephone Number

**Mailing Address:** 

Registration Section

TO:

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

CK2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follow authority:	ing stater	nent of
FIRST: The name of the limited liability company is: REWARD HOLDINGS LLC		
SECOND: The Florida Document Number of the limited liability company is:		
THIRD: The street address of the limited liability company's principal office is:  3595 SHERIDAN STREET, STE 206		2
HOLLYWOOD, FL 33021	LLAHA	123 SEP
The mailing address of the limited liability company's principal office is: 3595 SHERIDAN STREET, STE 206	TALLAHASSEE, FLORIDA	2023 SEP - 1 PM 3: 39
HOLLYWOOD, FL 33021	RIDA	: 39
1. May execute an instrument transferring real property held in the name of the compania. Granted to:  RAMI SHAHMRAM	<b>y</b> -	
b. No authority granted to: EDEN SADE		
2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to:  RAMI SHAHMRAM	any.	
b. No authority granted to: EDEN SADE		
RAMI SHAHMRAM		
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ī signatur	<b>2</b>

CR2E138 (2/14)