

L22000146986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

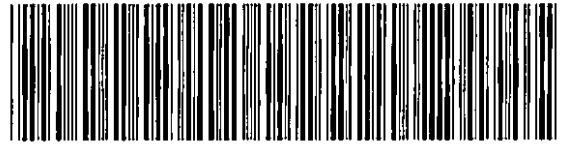
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Statement
of
Authority

OCT 17 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HYPEGIENE 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:

Mark C. Johnson

Name of Person

Johnson | Dalal

Firm/Company

111 N. Pine Islane Road

Address

Plantation Florida 33324

City/State and Zip Code

info@johnsondalal.com

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

For further information concerning this matter, please call:

Jade Taylor

954

507-4500

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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: HYPEGIENE LLC

SECOND: The Florida Document Number of the limited liability company is: L22000146986

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

153 E FLAGLER ST

PMB 305

MIAMI, FL 33131

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

153 E FLAGLER ST

PMB 305

MIAMI, FL 33131

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: Kedene Smith

b. No authority granted to: Kaeron Smith

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

a. Granted to: Kedene Smith

b. No authority granted to: Kaeron Smith



Signature of authorized representative

Kaeron Smith

Typed or printed name of signature

SECRETARY OF STATE
TALLAHASSEE, FL

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