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COVER LETTER

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ro:	Registration Section Division of Corporations	.		
:13 B 1	Most Known Nobody LLC	,		
CDJ		Name of Limited Lial	sility Compan	ny
ear S	Sir or Madam:			
he er	nclosed Statement of Authority and	d fee(s) are submitted	for filing.	
leasc	return all correspondence concert	ning this matter to the	following:	
Deria	n Fraga			
	Name of Person	n		
Most	Known Nobody LLC			
	Firm/Company			
575 (Dakleaf Plantation pkwy Unit 512			
	Address			
Oran	ge Park. Florida 32065			
	City/State and Zip Co	ode		
most	kn4wn@gmail.com			
	E-mail address: (to be used for	r future annual report	notification)	
For fi	urther information concerning this	matter, please call:		
Deric	ın Fraga	a1 ()	778-6766
	Name of Person	į.	Area Code	Daytime Telephone Number
	Mailing Address:			treet Address:
	Registration Section			egistration Section Division of Corporations
	Division of Corporations			The Course of Trallahagaaa

P.O. Box 6327 Tallahassee, FL 32314 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: Most Known Nobody 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: 575 Oakleaf Plantation Pkwy Unit 512 Orange Park, FL 32065 The mailing address of the limited liability company's principal office is: 575 Oakleaf Plantation Pkwy Unit 512 Orange Park, FL 32065 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 of 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: ___ b. No authority granted to: 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company. Derian Fraga Granted to: b. No authority granted to:

Signature of authorized representative

Typed or printed name of signature

Filing Fee:

Certified Copy: \$30.00 (optional)

\$25.00