

L23000023155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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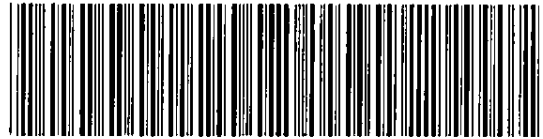
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 FEB -6 AM 9:22
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TALLAHASSEE, FLORIDA

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Statement of Authority

1. DS CONSULTING USA 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: DS Consulting USA 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:

Sophia M. Scarcella

Name of Person

Wilson & Johnson

Firm/Company

2425 Tamiami Trail N, Suite 211

Address

Naples, Florida 34103

City/State and Zip Code

sales@77arealestate.com

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

For further information concerning this matter, please call:

Sophia M. Scarcella

239

6871380

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: DS Consulting USA LLC

SECOND: The Florida Document Number of the limited liability company is: L23000023155

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

300 Lambiance Circle 204

Naples, Florida 34108

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

PO Box 110222

Naples, Florida 34108

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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: Chief Executive Officer (CEO)

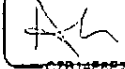
b. No authority granted to: _____

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

a. Granted to: Chief Executive Officer (CEO)

b. No authority granted to: _____

Signed by:



Signature of authorized representative

Deniz Sevgur

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)