# 123000468779

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer.			
J. HORNE			
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### **COVER LETTER**

TO:	Registration Section Division of Corporations		
	Aegis Gibson LLC		
SUBJE	CCT:		
	Name of Li	mited Liability Com	pany
Dear Si	r or Madam:		
The enc	closed Statement of Authority and fee(s) are	submitted for filing.	
Please r	return all correspondence concerning this ma	itter to the following	:
Moham	nmad K Alam		
	Name of Person		
Aegis (	Gibson LLC		
	Firm/Company		
1220 L	eith Hall Dr		
	Address	<u> </u>	
Saint Jo	ohns, Florida 32259		
	City/State and Zip Code		
mdkhu	rshidalam@outlook.com		
	E-mail address: (to be used for future annu	al report notification	n)
For furt	her information concerning this matter, plea	se call:	
Moham	nmad K Alam	904 at (	3058292
	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 authority	to section 605.0302(1), Florida Statutes, this li	mited liability company submits the following statement of
FIRST:	The name of the limited liability company is:	Aegis Gibson LLC
SECON	D: The Florida Document Number of the limit	ed liability company is:
THIRD:	The street address of the limited liability com 1150 NW 72nd Ave, Tower 1.	
	Ste 455 #13346	2624
	Miami, Florida 33126	762,100
	The mailing address of the limited liability co	ompany's principal office is:
	Saint Johns, Florida 32259	
FOURT	This was a first training to the state of th	
position (		mitations of authority on all persons having the status or r, transferee, manager, officer or otherwise or to a specific
	May execute an instrument transferring real	al property held in the name of the company.
	a. Granted to: Mohammad K Alam	ı 
	b. No authority granted to: Charles	Weish
	2. May enter into other transactions on behal a. Granted to:	If of, or otherwise act for or bind, the company.
	b. No authority granted to:	Welsh
N	Mslan	Mohammad K Alam
Signature	of authorized representative Filing Fee: Certified C	Typed or printed name of signature \$25.00 Copy: \$30.00 (optional)

### **COVER LETTER**

Division of Corporations	
Aegis Gibson LLC SUBJECT:	
Name of Limited L	Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted	ated for filing.
Please return all correspondence concerning this matter to	the following:
Mohammad K Alam	
Name of Person	<del></del>
Acgis Gibson LLC	
Firm/Company	<del></del>
1220 Leith Hall Dr	
Address	
Saint Johns, Florida 32259	
City/State and Zip Code	
mdkhurshidalam@outlook.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:	:
Mohammad K Alam	904 3058292
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

## STATEMENT OF AUTHORITY

Pursuant to authority:	to section 605.0302(1). Florida Statutes, this limited liability com:	pany submits the following statemen	t of
FIRST: T	The name of the limited liability company is:	C	
SECOND	D: The Florida Document Number of the limited liability compan	ıy ıs:	
	The street address of the limited liability company's principal of 1150 NW 72nd Ave, Tower 1.	fice is:	
5	Ste 455 #13346	<del>ر</del> ي ا	
:	Miami, Florida 33126	The Co	
1	The mailing address of the limited liability company's principal 1220 Leith Hall Dr	office is:	
	Saint Johns, Florida 32259		
position or person on	H: This statement of authority grants or sets limitations of author of a person in a company, whether as a member, transferce, manage the following:  1. May execute an instrument transferring real property held in a. Granted to:  Mohammad K Alam	ger, officer or otherwise or to a specification the specification of the company.	fic
	b. No authority granted to:		
2	2. May enter into other transactions on behalf of, or otherwise a  a. Granted to:  Mohammad K Alam	act for or bind, the company.	
	b. No authority granted to:		
Ni		ohammad K Alam	_
Signature	of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (opt	(signature of signature signature)	=