

L23000534681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

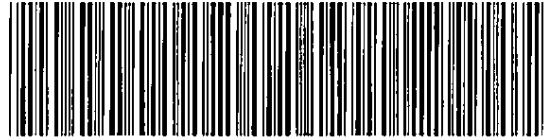
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JDJ HANDIAN NUTRITION 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:

JULIE G COHEN

Name of Person

STROCK & COHEN ZIPPER LAW GROUP PA

Firm/Company

2900 GLADES CIR STE 750

Address

WESTON, FL 33327

City/State and Zip Code

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE COHEN

954

659-2220

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JAN 22 AM 11:31

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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: JDJ HANDIAN NUTRITION LLC

SECOND: The Florida Document Number of the limited liability company is: L23000534681

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

C/O HOMERICH

1565 N PARK DR STE 100

WESTON, FL 33326

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

C/O HOMERICH

1565 N PARK DR STE 100

WESTON, FL 33326

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.

MO a. Granted to: MARCOS RUBEN ORTIZ ARCOS or ESTELA TERESA

EM MONTALVAN CAMPOVERDE or JOSE ANDRES ORTIZ MONTALVAN or
DANIELA STEPHANIE ORTIZ MONTALVAN or JOAO MARCO ORTIZ MONTALVAN

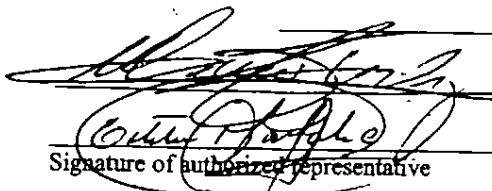
~~No authority granted to:~~ _____

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

MO a. Granted to: MARCOS RUBEN ORTIZ ARCOS or ESTELA TERESA

EM MONTALVAN CAMPOVERDE or JOSE ANDRES ORTIZ MONTALVAN or
DANIELA STEPHANIE ORTIZ MONTALVAN or JOAO MARCO ORTIZ MONTALVAN

~~No authority granted to:~~ _____


Signature of authorized representative

MARCOS RUBEN ORTIZ ARCOS

ESTELA TERESA MONTALVAN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FL

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