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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

	ation Section n of Corporations				
SUBJECT:	Kesher counseling	Services, LLC	npany		
Dear Sir or Mada	am:				
The enclosed Sta	ntement of Authority and fee(s)	are submitted for filing	<u>!</u> .		
Please return all	correspondence concerning this	matter to the followin	ß;		
S	Sarah Mehan Namo of Person				
	Name of Person		_	اسم	20
Keshe	cr Counseling Service Firm/Company	s, ccc.	_		25 H.N
	Firm/Company				₹12
r	929 Deer creek v	ia napoli		1.47	-D
	Address		_	`` •	:2:
Deers	Field Beach, FL 334	142			40
	Field Beach, FL 334 City/State and Zip Code	·	_	·	
Kes\	nercounseling@out	took.com			
E-mail	address; (to be used for future a	nnual report notificati	on)		
For further infor	mation concerning this matter, p	lease call:			
Sa	Name of Person	ar (954	, 695-2025		
	Name of Person	Area Code	Daytime Telephone N	umber	
Mailin	ng Address:		Street Address:		
Regist	ration Section		Registration Section		
	on of Corporations		Division of Corporation		
P.O. Box 6327 The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the folloauthority:	wing stat	ement of	f
FIRST: The name of the limited liability company is: Kesher Counseling Serv	ices,	LLC.	_
SECOND: The Florida Document Number of the limited liability company is: <u>L24</u> 000	0 3 4 14	43	-
THIRD: The street address of the limited liability company's principal office is: 2929 DEER CREEKVIA Napoli			
Deerfield Beach, FL 33442	_ _		
The mailing address of the limited liability company's principal office is: 2929 Deer Creek, via Napoli	_		
Deerfield Beach, FL 33442	_		
FOURTH: This statement of authority grants or sets limitations of authority on all persons havi position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to:	se or to a	specific	
b. No authority granted to:		2025 HAR 12 PH	
2. May enter into other transactions on behalf of, or otherwise act for or bind, the con a. Granted to: Richard M. Mchan	npany.;.	12: 04	
b. No authority granted to:			
Sarah me	han		
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	of signat	ure	

CR2E138 (2/14)