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SECRETARY OF STATE

		COVER LETTER		
TO:	Registration Section Division of Corporations			· ·
SUBJ	ELON VIZEL ELC			
	Name o	f Limited Liability Co	mpany	
Dear S	ir or Madam:			
The er	closed Statement of Authority and fee(s)	are submitted for filin	g.	
Please	return all correspondence concerning this	s matter to the following	ng:	
Antho	ny Rosenfield, Esq.			
	Name of Person		_	
Rosen	field & Zalkind, P.L.			
	Firm/Company			
2323 H	follywood Blvd			SECKETARY OF STATE SECKETARY OF STATE
	Address		_	AR 5 C
Hollyv	vood, FL 33019			HASSOF PH
	City/State and Zip Code	-	_	EEST 23
arosen	field@globalamericatitle.com			71A 5
	E-mail address: (to be used for future a	nnual report notificati	on)	
For fu	ther information concerning this matter, p	olease call:		
Antho	ny Rosenfield. Esq.	954 at (620-1100	
<u></u>	Name of Person	Area Code	Daytime Telep	phone Number
				

<u>Mailing Address:</u> 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

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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:

1.24000200414

FIRST: The name of the limited liability company is: _____

anaonn	201 101 11 15		. 1.24000209414
SECOND:	The Florida Document	Number of the limited li	ability company is:

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

21407 NE 38TH AVENUE

MIAMI, FL 33180

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

21407 NE 38TH AVENUE

MIAMI, FL 33180

a.

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 a specific 1HAY 15 PH 2: 2 person on the following:

- 1. May execute an instrument transferring real property held in the name of the company
 - Abraham Narkes and Ruth Narkes Granted to:____

b. No authority granted to: _____

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

Granted to : _____ a.

b. No authority granted to:

1 7			
Signating of authorized representative	ine ja		Typed or printed name of signature
ABRAHAMJAAKES	Filing Fee: Certified Copy	\$25.00 : \$30.00 («	
CR2E138 (2/14) 51975 / 11	Kar a	Sma	NORAD