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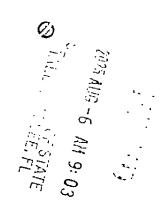
(Requestor's Name)	·
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SANDRA M. FERRERA Attorney at Law

396 Alhambra Circle North Tower, 14th Floor Miami, FL 33134 T: (305) 373-4033 F: (305) 921-0726 sferrera@daypitney.com

August 4, 2025

VIA UPS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Statement of Authority

Dear Sir or Madam:

Attached are the Cover Letters and Statement of Authority Forms for the following LLCs:

- 1. 451 Hardee LLC;
- 2. Bebini LLC
- 3. LaFam II LLC
- 4. LaFam LLC; and
- 5. Larfam, LLC.

A check in the amount of \$125.00, representing the filing fees for all the corporation is included.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Sandra M. Ferrera

SMF/ama Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
451 Hardee LLC SUBJECT:		
	of Limited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)	are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Manuel A. Larrieu		
Name of Person		
451 Hardee LLC		
Firm/Company		
3971 SW 8 ST. Suite 205		
Address		
Miami, FL 33134		
City/State and Zip Code		
malarrieu@poinhomes.com		
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter,	please call:	
Manuel A. Larrieu	305 at (345-7240
Name of Person		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 authority:	section 6	05.0302(1), Fi	orida Statutes, th	nis limited liabilit	y company submits the fol	lowing stateme	nt of
FIRST: T	ie name o	of the limited I	iability company	ris: 451 Hardee I	LC		
SECOND:	The Flor	ida Document	Number of the l	limited liability co	ompany is:		
		address of the ST, Suite 205		company's princi	pal office is:		
Co	oral Gable	es, FL 33134					
		ng address of t ST, Suite 205		ity company's pri	ncipal office is:		
Co	oral Gable	es, FL 33134				_ _	
	a person ine follow May ex	n a company, ing: ecute an instru	whether as a me unent transferrin Kristina L. Falo	mber, transferee, g real property he	nuthority on all persons have manager, officer or otherwork in the name of the comp	pany.	ific
	b.	No authority	9				7025 AUG -6
2.	May er a.		transactions on b Kristina L. F		wise act for or bind, the co	ompany, FL	AH 9: 03
	b.	No authority	granted to:				
Oocusigi M A	12m	· ~			Manuel A. Larrieu		_
Signature o	f authoriz	ed representat	Filing	Fee: \$25.00 ied Copy: \$30.00		e of signature	-

CR2E138 (2/14)