

L24000321125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

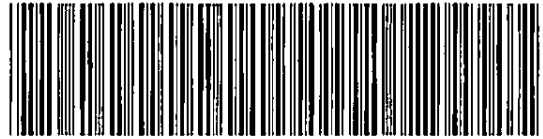
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1010 VTS Capital, 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:

Inna Kikeeva

Name of Person

1010 VTS Capital, LLC

Firm/Company

2740 Shaughnessy Drive

Address

Wellington, Florida 33414

City/State and Zip Code

inna.kikeeva@gmail.com

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

For further information concerning this matter, please call:

Inna Kikeeva

310

801-0902

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

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TALLAHASSEE, FL

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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: 1010 VTS Capital, LLC

SECOND: The Florida Document Number of the limited liability company is: L24000321125

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

2740 Shaughnessy Drive

Wellington, FL 33414

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

2740 Shaughnessy Drive

Wellington, FL 33414

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the state position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a stockholder or person on the following:

1. May execute an instrument transferring real property held in the name of the company.

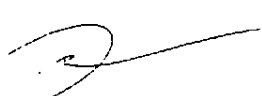
a. Granted to: Inna Kikeeva

b. No authority granted to: _____

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

a. Granted to: _____

b. No authority granted to: _____



Signature of authorized representative

Inna Kikeeva

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL

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