

L98000002141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

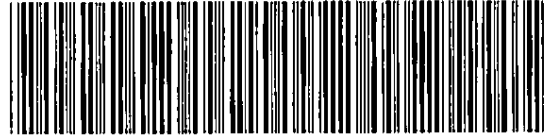
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900439052739

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2024 NOV 13 AM 11:32

TALLAHASSEE, FLORIDA

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2024 NOV 13 PM 3:48

TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 11/13/24  
Order #: 1676347-1  
Re: ROMAR DISTRIBUTION, L.C.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$~~125.00~~ - FL State Account Number:  
I20000000195

25.00

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROMAR DISTRIBUTION, L.C.

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:

Steve Charchat

Name of Person

Steven M. Charchat, P.A.

Firm/Company

848 Brickell Avenue, Suite 1040

Address

Miami, Florida 33131

City/State and Zip Code

s.charchat@att.net

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

For further information concerning this matter, please call:

Steve Charchat

305

358-8005

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

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: ROMAR DISTRIBUTION, L.C.

SECOND: The Florida Document Number of the limited liability company is: L98000002141

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

3550 NW 112th Street

Miami, Florida 33167

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

3550 NW 112th Street

Miami, Florida 33167

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TALLAHASSEE, FLORIDA

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.

a. Granted to: Joost Sajet or Irith Sajet


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: Joost Sajet or Irith Sajet

b. No authority granted to: \_\_\_\_\_

Signature of authorized representative



Joost Sajet

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)