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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMK Publishing Company, 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:

Deborah Kane

Name of Person

AMK Publishing Company, LLC

Firm/Company

5383 S. State Route 49

Address

Greenville, OH 45331

City/State and Zip Code

akanemd@gmail.com or dvorahkane@gmail.com

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

For further information concerning this matter, please call:

Deborah Kane

Name of Person

at (937) 886-4445

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: AMK Publishing Company, LLC

SECOND: The Florida Document Number of the limited liability company is: L03000038495

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

5383 S. State Route 49
Greenville, OH 45331

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

5383 S. State Route 49
Greenville, OH 45331

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: Forrester Collett

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: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Forrester Collett
Signature of authorized representative

Forrester Collett
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)