

LD9000036822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

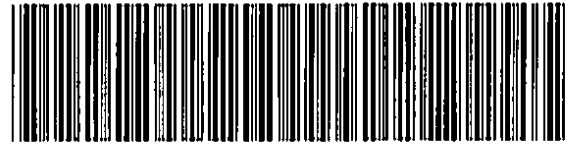
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700317538107

RECEIVED
18 AUG 22 PM 4:21
FILED
18 AUG 22 AM 10:02
CLERK OF THE
COURT
1211 AVENUE J
ST. LOUIS, MO 63102

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/22/18

NAME: KENT FARRINGTON LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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: KENT FARRINGTON LLC

SECOND: The Florida Document Number of the limited liability company is: L09000036822

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

15564 SUNNYLAND LANE

WELLINGTON, FL 33414

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

15564 SUNNYLAND LANE

WELLINGTON, FL 33414

FILED
AUG 22 AM 10:02
CLERK OF DISTRICT COURT
18
JULY 13 2018

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.

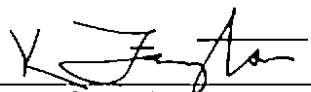
a. Granted to: CAROL DEANGELIS, as Authorized Agent

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: CAROL DEANGELIS, as Authorized Agent

b. No authority granted to: _____



Signature of authorized representative

KENT FARRINGTON

Typed or printed name of signature

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