

L11000139258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

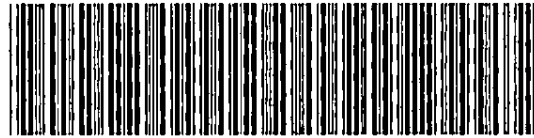
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2023 MAY 22 PM 3:04
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue DOLPHIN PROPERTY ADVISORS 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:

BRYANT BOYD
Name of Person

BLUE DOLPHIN LLC
Firm/Company

28 HARTFORD AVE
Address

MADISON, CT 06443
City/State and Zip Code

BRYANTBOYD@NKNET.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYANT BOYD at (203) 435-4662
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2023

BRYANT BYRD
28 HARTFORD AVE
MADISON, CT 06443

SUBJECT: BLUE DOLPHIN PROPERTY ADVISORS, LLC
Ref. Number: L11000139258

We have received your document for BLUE DOLPHIN PROPERTY ADVISORS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00008160

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: BLUE DOLPHIN PROPERTY ADVISORS LLC

SECOND: The Florida Document Number of the limited liability company is: L11000139258

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

28 HARTFORD AVE
MADISON, CT 06443

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

ABOVE

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: ¹⁾ BRYANT COOPER BOYD

²⁾ CHRISTINA BOYD RILEY

EACH ENTITLED TO ACT ALONE

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: ¹⁾ BRYANT COOPER BOYD

²⁾ CHRISTINA BOYD RILEY

b. No authority granted to: _____

EACH ENTITLED TO ACT ALONE

Bryant Boyd
Signature of authorized representative

BRYANT BOYD
Typed or printed name of signature

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

FILED
JAN 22 2022 3:04 PM
TALLAHASSEE, FL
CLERK OF STATE