

L14000101501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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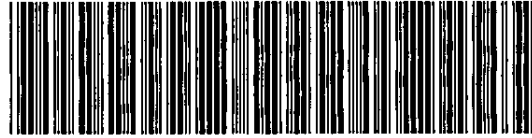
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 01 2015

J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beasts & Barbells 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:

Bill Westergom  
Name of Person

Beasts & Barbells LLC  
Firm/Company

3100 medical way  
Address

Sebring, FL 33870  
City/State and Zip Code

fitnessfactory247@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Westergom at ( 863 ) 385-7772  
Name of Person 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

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TALLAHASSEE, FLORIDA

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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: Beasts & Barbells LLC

SECOND: The Florida Document Number of the limited liability company is: L14000101869

THIRD: The street address of the limited liability company's principal office is:  
210 N.W. 5th St.  
OkECHobee, FL 34974

The mailing address of the limited liability company's principal office is:  
1647 SW 22nd St.  
OkECHobee, FL 34974

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: William F. Westergom,  
D.J. Smiling, Lisa Smiling

b. No authority granted to: Donna M. Wildes

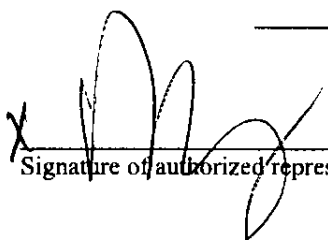
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: William F. Westergom

b. No authority granted to: Donna M. Wildes

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\_\_\_\_\_  
Signature of authorized representative

Donna M. Wildes  
\_\_\_\_\_  
Typed or printed name of signature

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