

L19000149986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

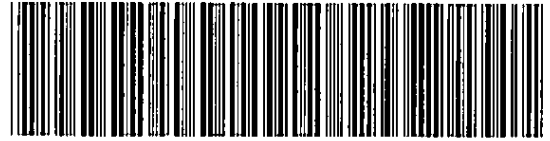
(Business Entity Name)

(Document Number)

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2020 OCT 12

Statement
of
Authority

OCT 12 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONOPOLY HOMES 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:

MELISSA N. FARLIN

Name of Person

MONOPOLY HOMES LLC

Firm/Company

11624 KILKENNY CORAL DRIVE

Address

RIVERVIEW FL 33579

City/State and Zip Code

capicuahomes@gmail.com

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

For further information concerning this matter, please call:

MELISSA N. FARLIN

Name of Person

646

Area Code

509-3811

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

FILED
CORPORATION
DIVISION
TALLAHASSEE
FLORIDA
JAN 10 2011

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: MONOPOLY HOMES LLC

SECOND: The Florida Document Number of the limited liability company is: L19000149986

THIRD: The street address of the limited liability company's principal office is:
11624 KILKENNY CORAL DRIVE
RIVERVIEW FL 33579

The mailing address of the limited liability company's principal office is:
11624 KILKENNY CORAL DRIVE
RIVERVIEW FL 33579

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.

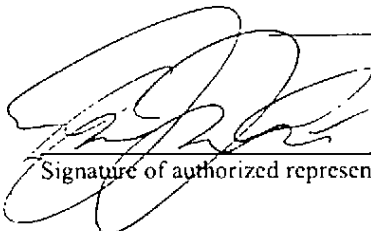
a. Granted to: MELISSA N. FARLIN

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: MELISSA N. FARLIN

b. No authority granted to: _____



Signature of authorized representative

DAN C. FARLIN IV

Typed or printed name of signature

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