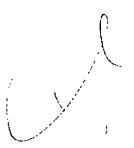
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

	gistration Section vision of Corporations			
CHD IECT	A/C Tech Holdings, LLC			
SUBJECT		Limited Liability Con	npany	
Dear Sir or	Madam:			
The enclose	ed Statement of Authority and fee(s) ar	re submitted for filing		
Please retur	n all correspondence concerning this i	natter to the followin	g:	
Luca Di Nu	ınzio			
	Name of Person		_	207
Dorcey Lav	w Firm			2022 AUG 24 AM 10: 50
	Firm/Company		_	6 24
10181 Six Mile Cypress Pkwy, Suite C				2
	Address		_	0:
Fort Myers	, FL 33966			00
	City/State and Zip Code		_	
support@d	lfregisteredagent.com			
E-	mail address: (to be used for future an	nual report notification	on)	
For further	information concerning this matter, pl	ease call:		
Luca Di Nu	ınzio	239 at (308-1073	
	Name of Person	Area Code	Daytime Telephor	ne Number
M	ailing Address:		Street Address:	
	egistration Section		Registration Sectio	n
	ivision of Corporations		Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

	nt to section 605.0302(1), Florida Statutes, this limited liability companying statement of authority:	subm	22	
NAME	OF LLC: A/C TECH HOLDINGS, LLC	· 	ՈՍG 2 Կ	
FLOR	IDA LLC DOCUMENT NUMBER: L21000035032	2: 1.:	AH IO:	
PRINC 33975	CIPAL OFFICE ADDRESS: 300 Leonard Blvd North, Unit 7, Lehigh Acre	s, Flori		
MAIL . 33975	ING ADDRESS (if different): 300 Leonard Blvd North, Unit 7, Lehigh Acr	es, Flo	ida	
MANA	GER: Lucelly Hernandez			
person includi	is the authority given to Lucelly Hernandez, Manager of the above-named has unlimited authorization, the option "All Authorization to act on behaling but not limited to the Options Listed Below (Unlimited Authority)" will be ply to Him/Her.	f of the	LLC,	
★ Listed	All Authorization to act on behalf of the LLC, including but not limited to the Below (Unlimited Authority).	ne Optio	ons	
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Rea	ıl Prope	rty	
Owned	by the LLC.	•	,	
	He/She has Authority to Purchase Property in the Name of the LLC.			
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improve	ment o	f Real	
Proper	ty.			
	He/She has authority to Open Bank Account(s) in Name of the LLC.			
	He/She has authority to Close Bank Account(s) Owned by the LLC.			
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/9	Credit (Cards	
and/or	other instruments of payment on behalf of the LLC.			

	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal	
Proper	ty (Ex: Vehicles/Equipment).	
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex:	
Vehicl	es/Equipment).	
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.	
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).	
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.	
	He/She has authority to Enter into Contract(s) for the Purchase of Services.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.	
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on	
behalf	of the LLC.	
	He/She has authority to File Annual Reports with State of Florida.	
	He/She has authority to Amend Annual Reports with State of Florida.	
	He/She has authority to File Statement of Authority(s) with State of Florida.	
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of	
Florida	·	
	He/She has authority to Amend Articles of Organization.	
If mor	e space was needed, a separate sheet(s) of paper will be attached to the back of this form.	
	o space was needed, a separate sheet(s) of paper will be attached to the back of this form.	
A/C T	ECH HOLDINGS, LLC;	
Ву:	A Cheir	
Print N	Name: Alexandal Radiiguez.	- 120 - 1 - 1
Title:	Resident.	: 222.23 : 222.23 :
		ij
		7
	AH 10: 50	