

Division of Corporations

La 1000179895

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000428641 3)))



H210004286413ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HOLLAND & KNIGHT LLP
Account Number : 120000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 NOV 19 PM 4:25

ALL AMND/STATE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA COAST EQUIPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
2021 NOV 19 PM 12:34
ALL AMND/STATE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

VH

(((H21000428641 3)))

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: Florida Coast Equipment, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000179896

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

357 Pike Road, Suite 7

West Palm Beach, FL 33411

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

346 Pike Road, Suite 7

West Palm Beach, FL 33411

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.

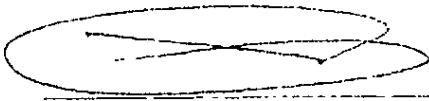
a. Granted to: N/A

b. No authority granted to: N/A

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

a. Granted to: Chris Stack, Controller, as authorized by the
company

b. No authority granted to: N/A



Signature of authorized representative

Jason Todd Bachman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

(((H21000428641 3)))

2021 NOV 19 PM 12:34

FILED

CLERK OF DISTRICT COURT
JULIA M. ROSE, CLERK
STATE OF FLORIDA