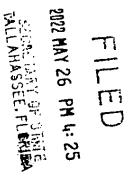
L22000048797

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





600391987126





COVER LETTER

Division of Corporations	
Willis Family Holdings, LLC	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are sub-	bmitted for filing.
Please return all correspondence concerning this matte	er to the following:
Luca Di Nunzio	
Name of Person	
Dorcey Law Firm	
Firm/Company	
10181 Six Mile Mile Cypress Pkwy, Suite C	
Address	
Fort Myers, FL 33966	
City/State and Zip Code	
support@dlfregisteredagent.com	
E-mail address: (to be used for future annual	report notification)
for further information concerning this matter, please	call:
Luca Di Nunzio	239 308-1073 at ()
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

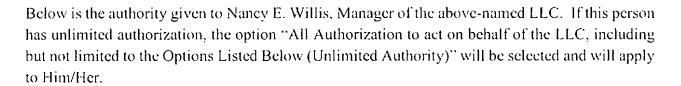
NAME OF LLC: WILLIS FAMILY HOLDINGS, LLC

FLORIDA LLC DOCUMENT NUMBER: L22000048797

PRINCIPAL OFFICE ADDRESS: 10850 Valentina Ct, Fort Myers, FL 33913

MAILING ADDRESS (if different): 10850 Valentina Ct. Fort Myers, FL 33913

MANAGER: Nancy E. Willis



\boxtimes	All Authorization to act on behalf of the LLC, including but not limited to the Options	
Listed	Below (Unlimited Authority).	
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property	
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/ Improvement of 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/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:	
Vehicle	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.	

Page 1 of 2
Statement of Authority for Nancy E. Willis

	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 more	e space was needed, a separate sheet(s) of paper will be attached to the back of this form.

WILLIS FAMILY HOLDINGS, LLC;

Print Name: William P. Willis

Title: Manager

FILED 2022 MAY 26 PM 4: 25