

122000059180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

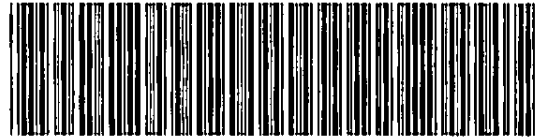
(Business Entity Name)

(Document Number)

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2022 MAR 31 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

cf 4/17/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6481 ARAGON #304. 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:

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:
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

STATEMENT OF AUTHORITY

FILED

2022 MAR 31 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FL

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

NAME OF LLC: 6481 ARAGON #304, LLC

FLORIDA LLC DOCUMENT NUMBER: L22000059180

PRINCIPAL OFFICE ADDRESS: 12601 Mastique Beach Blvd Apt. 501, Fort Myers, FL 33908

MAILING ADDRESS: 12601 Mastique Beach Blvd Apt. 501, Fort Myers, FL 33908

MANAGER: Jason T. Scoggins

Below is the authority given to Jason T. Scoggins, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

- 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 Property.
- 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 Property (Ex: Vehicles/Equipment).
- He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/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 more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

6481 ARAGON #304, LLC;

DocuSigned by:
By: Elizabeth Diane Scoggins
E633E2751EG1MEE

Print Name: Elizabeth Diane Scoggins

Title: Manager