

L14000/01869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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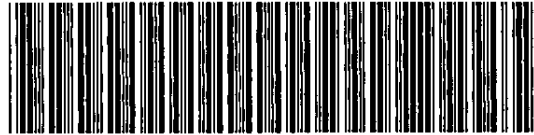
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 23 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beasts + Barbells, 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:

Addison Walker
Name of Person

Beast + Barbells, LLC
Firm/Company

210 NW 5th Street
Address

Okeechobee FL 34972
City/State and Zip Code

ofc 247 @ gmail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Addison Walker at (863) 357-1132
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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: Beasts + Barbells, LLC

SECOND: The Florida Document Number of the limited liability company is: L 14000101869

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

210 NW 5th Street
Okeechobee, FL 34972

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

210 NW 5th St.
Okeechobee, FL 34972

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: Addison Walker, Joe Bennett
Donna M. Wildes

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: Addison Walker, Joe Bennett
Donna M. Wildes

b. No authority granted to: _____

WA Wildes
Signature of authorized representative

William Westergom
Typed or printed name of signature

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

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TALLAHASSEE, FLORIDA

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