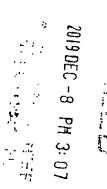
(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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December 2, 2020

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

RE: Certified copy

To Whom It May Concern:

Please provide our office with a certified copy and return to us in the enclosed self-addressed stamped envelope.

Sincerely.

Laura Mischick

/lm

### **COVER LETTER**

Division of Corporations
SUBJECT: Support LC 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:
Lauren Flewellyn Name of Person
Junter Land THE Co.
27 N. Pennock Ly. #104
June State and Lip Code 33458
7
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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

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: Sunport, L. C.
SECOND: The Florida Document Number of the limited liability company is: LOOOOO2427
THIRD: The street address of the limited liability company's principal office is:  5253 Center St.  Jupiter 6233458
The mailing address of the limited liability company's principal office is:  5253 Center St.  Tupter FL 33458
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:
a. Granted to: FUGENE TYANCA VIIIA
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: Eugene Francaville
b. No authority granted to:
Signature of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)