

L000000006020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

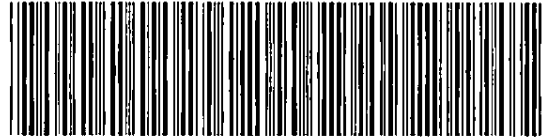
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200428435712

RECEIVED

2024 MAY 21 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 MAY 21 AM 10:42

TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FORITZ, L.L.C.

Please Debit FCA000000003 For: 55

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foritz, L.L.C.

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:

Gregory W English

Name of Person

Foritz, L.L.C.

Firm/Company

12745 Oak Arbor Dr

Address

Boynton Beach, FL 33436

City/State and Zip Code

geenglish1964@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory W. English

Name of Person

561
at (_____) _____
Area Code

706-1746

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: Foritz, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L00000006020

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

1371 West Newport Center Dr

Suite 101

Deerfield Beach, FL 33442

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

12745 Oak Arbor Dr

Boynton Beach, FL 33436

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: David J English or Gregory W English

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: David J English or Gregory W English

b. No authority granted to: _____



Signature of authorized representative

David J. English

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
TALLAHASSEE, FLORIDA
2024 MAY 21 AM 10:42