

102000034114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McDonough, LLC., a Florida Limited Liability Company

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:

Christina M. Swan

Name of Person

First Title Source, LLC.

Firm/Company

9528 W. Linebaugh Avenue

Address

Tampa, FL 33626

City/State and Zip Code

cswan@firsttitlesource.com

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

For further information concerning this matter, please call:

Georges or Patricia Kaufman

813 784-8153
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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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: McDonugh, LLC.

SECOND: The Florida Document Number of the limited liability company is: L02000034114

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

9103 Woodridge Run Drive

Tampa, FL 33647

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

9103 Woodridge Run Drive

Tampa, FL 33647

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OFFICE OF THE CLERK
DIVISION OF COURT CLERKING

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: Georges Kaufman and Patricia Kaufman

b. No authority granted to: n/a

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Georges Kaufman and Patricia Kaufman

b. No authority granted to: n/a

DocuSigned by:

Georges Kaufman

Signature of authorized representative

9/21/2022 | 9:30 AM Georges Kaufman

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**