

103000057064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

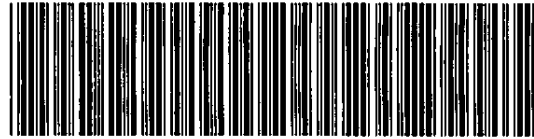
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD SMYRNA LAND COMPANY, 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:

MICHAEL L. HICKSON

Name of Person

OLD SMYRNA LAND COMPANY, LLC

Firm/Company

POST OFFICE BOX 1202

Address

NEW SMYRNA BEACH, FL 32170

City/State and Zip Code

office@hicksonconstruction.com

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

For further information concerning this matter, please call:

MICHAEL L. HICKSON at (386) 428-7401
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

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: OLD SMYRNA LAND COMPANY, LLC

SECOND: The Florida Document Number of the limited liability company is: L03000057064

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

1785 VICTORY'S PATH TRAIL

NEW SMYRNA BEACH, FL 32168

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

POST OFFICE BOX 1202

NEW SMYRNA BEACH, FL 32170

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16 SEP 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MICHAEL L. HICKSON
SUSAN S. HICKSON

b. No authority granted to: no others authorized

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

a. Granted to: MICHAEL L. HICKSON
SUSAN S. HICKSON

b. No authority granted to: no others authorized


Signature of authorized representative

MICHAEL L. HICKSON
Typed or printed name of signature

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