

LO40000 68128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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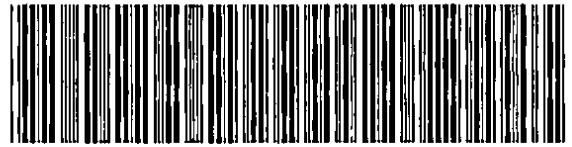
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN -4 AM 11:02

Statement
of
Authority

JUN 20 2019

D CUSHING

BLAIR M. JOHNSON, P.A.
ATTORNEY AT LAW
P. O. BOX 770496
425 S. DILLARD STREET
WINTER GARDEN, FLORIDA 34777-0496

(407) 656-5521

FAX (407) 656-0305

May 31, 2019

Department Of State
Division Of Corporation
Attention: Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

re: Bevilles Corner Group, LLC

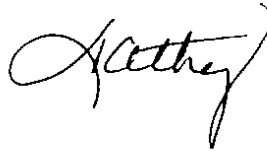
Dear Reader:

Enclosed with this letter is a check in the amount of **\$30.00** which represents the filing fee and certified copy fee of the ***Statement Of Authority*** for ***Bevilles Corner Group, LLC***.

Please return the certified copy of the ***Statement Of Authority*** to me in the enclosed self-addressed stamped envelope.

Thank you for your courtesies in this matter.

Sincerely,



Kathy Ann Dickey
Legal Assistant to
Blair M. Johnson, Esquire

kad
Enclosures

RECEIVED
DIVISION OF CORPORATIONS
19 JUN -4 AM 11:02

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: BEVILLES CORNER GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L04000068128

THIRD: The street address of the limited liability company's principal office is: 7368 Hwy 471 S., Bushnell, FL 33513

The mailing address of the limited liability company's principal office is: 7478 S. SR 471, Bushnell, FL 33513

FOURTH: This statement of authority grants or sets limitation of authority on all person having the status of position of a person in a company, whether a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute instruments transferring real property held in the name of the company.
 - a. Granted to: RONALD L. KURTZ
 - 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: RONALD L. KURTZ
 - b. No authority granted to: _____

Dated: April 25, 2019.

Ronald L. Kurtz
Signature of authorized representative

Marie B. Kurtz
Signature of authorized representative

David L. Beeler
Signature of authorized representative

David E. Panzer
Signature of authorized representative

RONALD L. KURTZ
typed or printed name of signature

MARIE B. KURTZ
typed or printed name of signature

DAVID L. BEELER
typed or printed name of signature

DAVID E. PANZER
typed or printed name of signature

19 JUN -1, AM 11: 02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

State of FLORIDA

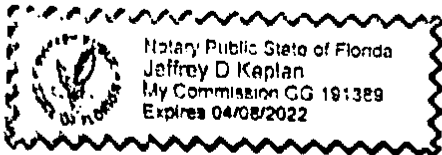
County of ORANGE


The foregoing instrument was acknowledged before me this 25 day of APRIL, 20 19 by RONALD KURTZ & DAVID E PANZEIZ MARIE KURTZ & DAVID L BOELEZ, who

☐ is personally known to me or ☒ who produced a FL DRIVER LICENSES as identification, regarding the attached instrument described as _____

AFFIDAVIT / STATEMENT OF AUTHORITY
and to whose signature(s) this notarization applies.

SEAL




notary public signature
Jeffrey D Kaplan
notary public printed name