

L05000091692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

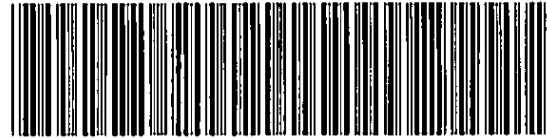
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 JAN 14 PM 8:17  
TALLAHASSEE, FL  
STATE OF FLORIDA

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2022 JAN 14 PM 4:06  
TALLAHASSEE, FL  
STATE OF FLORIDA

M. GULKER  
JAN 18 2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$25.00**

AUTHORIZATION SIGNATURE: James R. Full

**NEWMAN KIDS L05000091692**

**Business Name**

**Document Number, (if known):**

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( ) \_\_\_\_\_  
**Country**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☒ Statement of Authority

☐ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEWMAN KIDS, 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:

Phil A. D'Aniello

\_\_\_\_\_  
Name of Person

Fassett, Anthony & Taylor, PA

\_\_\_\_\_  
Firm/Company

1325 West Colonial Dr

\_\_\_\_\_  
Address

Orlando, FL 32804

\_\_\_\_\_  
City/State and Zip Code

pdaniello@fassettlaw.com

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

For further information concerning this matter, please call:

Phil A. D'Aniello

\_\_\_\_\_  
Name of Person

407  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

489-5766

\_\_\_\_\_  
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: Newman Kids, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L05000091692

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

1130 SW Lighthouse Drive

Palm City, FL 34990

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

1130 SW Lighthouse Drive

Palm City, FL 34990

**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:

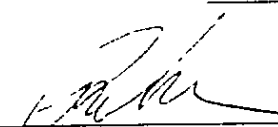
a. Granted to: Paul Newman

b. No authority granted to: Elizabeth Geller

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

a. Granted to: Paul Newman

b. No authority granted to: Elizabeth Geller

  
Signature of authorized representative

Paul Newman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)