

LO5000118232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

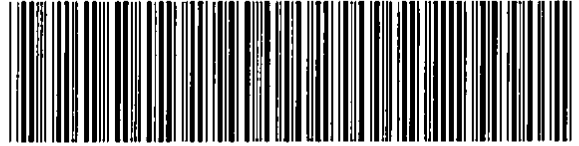
(Business Entity Name)

(Document Number)

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Statement
of
Authenticity

DEC 01 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRAUGHN FARMS, 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:

Star M. Sansone
Name of Person

Salter Feiber, P.A.
Firm/Company

3940 N.W. 16th Blvd, Ste B
Address

Gainesville, Florida 32605
City/State and Zip Code

kstraughn2010@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Star M. Sansone 352 376-8201
Name of Person at () 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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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: Straughn Farms, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000118232

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

11325 NE US HWY 301

Waldo, Florida 32694

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

11325 NE US HWY 301

Waldo, Florida 32694

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:

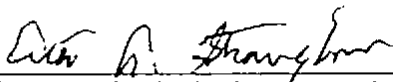
a. Granted to: _____

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: Kyle M. Straughn

b. No authority granted to: _____


Signature of authorized representative

Kyle M. Straughn
Typed or printed name of signature

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

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TALLAHASSEE, FL

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