

LOG0000077133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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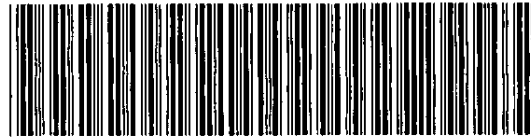
(Business Entity Name)

(Document Number)

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Date: 10/05/2015

Account #: I200000000088

Name: Darian Shump

Reference #: A242287

ENTITY NAME: MAGNETIC MILES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: Statement of Authority

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TALLAHASSEE, FLORIDA

Authorized Amount: \$55.00

Signature: 

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGNETIC MILES, 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:

STEWART M. McGOUGH, ESQ.

Name of Person

SCOLARO, FETTER, GRIZANTI, McGOUGH & KING

Firm/Company

507 PLUM ST., SUITE 300

Address

SYRACUSE, NEW YORK 13204

City/State and Zip Code

SMCGOUGH@SCOLARO.COM

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

For further information concerning this matter, please call:

LYNN E. LYNCH

Name of Person

at (315) 477-6219

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

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TALLAHASSEE, FLORIDA

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CR2E138 (2/14)

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: MAGNETIC MILES, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000077133

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

32-C SE OSCEOLA STREET

STUART, FLORIDA 34994

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

32-C SE OSCEOLA STREET

STUART, FLORIDA 34994

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: Michael Cristoforo, Manager and, through the
Manager's Delegation of Authority, Charles E. Heath

b. No authority granted to: _____

Stewart M. McGough
Signature of authorized representative

Stewart M. McGough
Typed or printed name of signature

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

CR2E138 (2/14)

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