

LD0000110536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

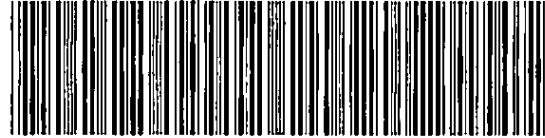
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Special Instructions to Filing Officer:

J. HORNE
DEC 15 2022

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12/14/22 10:11:11 AM 15.00

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2022 DEC 14 AM 9:55

SECRETARY OF
TREASURY

2022 DEC 14

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

25

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 12/14

CERTIFIED COPY

XX PHOTOCOPY

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XX FILING

STATEMENT OF AUTHORITY

1. **WELLINGTON EQUESTRIAN PRODUCTIONS, LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLINGTON EQUESTRIAN PRODUCTIONS, 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:

FRANCISCO J. GONZALEZ, ESQ.

Name of Person

GONZALEZ, SHENKMAN & BUCKSTEIN, P.L.

Firm/Company

110 PROFESSIONAL WAY

Address

WELLINGTON, FL 33414

City/State and Zip Code

MSTONE@WELLINGTONINTERNATIONAL.COM

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

For further information concerning this matter, please call:

FRANCISCO J. GONZALEZ, ESQ. 561 227-1575

Name of Person at () Area Code 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: WELLINGTON EQUESTRIAN PRODUCTIONS, LLC

SECOND: The Florida Document Number of the limited liability company is: 106000110536

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

3667 120TH AVE S

WELLINGTON, FL 33414

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

3667 120TH AVE S

WELLINGTON, FL 33414

SECRETARY OF
STATE
FALL AIDSSYSTEM

2022 DEC 14 AM 9:54

FILED

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 STONE

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 STONE

b. No authority granted to: _____

DocuSigned by:

Michael Stone

Signature of authorized representative

MICHAEL STONE, President

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**