

NO 80000000 2323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

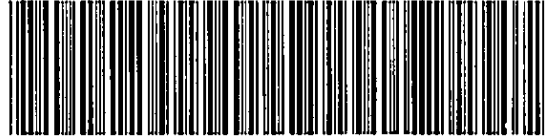
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/22/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VMM 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:

Victoria McKune

Name of Person

Kingsgate LLC

Firm/Company

P.O. Box 33155

Address

Indialantic, FL 32903

City/State and Zip Code

jan.jennings@homevestors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria McKune

Name of Person

at (321)
Area Code

757-3270
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: VMM LLC

SECOND: The Florida Document Number of the limited liability company is: L08000002323

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

521B N. Harbor City Blvd.

Melbourne, FL 32935

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

P.O. Box 33155

Indialantic, FL 32903

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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: Theonimfi Rickard

☐ b. No authority granted to: ~~Theonimfi Rickard~~ VM

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

☒ a. Granted to: Theonimfi Rickard

☐ b. No authority granted to: _____

Signature of authorized representative

Victoria McKune
Victoria McKune, Managing Member

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)