

108000093464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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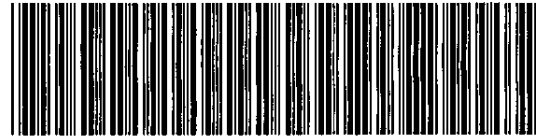
(Business Entity Name)

(Document Number)

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17 MAY 22 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERS ENTERPRISES, 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:

SUSANNA PARSONS

Name of Person

ERS ENTERPRISES, LLC

Firm/Company

411 N. DONELLY STREET, SUITE 19

Address

MOUNT DORA, FL 32757

City/State and Zip Code

FROGJABBER@YAHOO.COM

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

For further information concerning this matter, please call:

SUSANNA PARSONS

at (352) 383-1936

Name of Person

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

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: ERS ENTERPRISES, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000093464

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

411 N. DONELLY STREET, SUITE 19

MOUNT DORA, FL 32757

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

411 N. DONELLY STREET, SUITE 19

MOUNT DORA, FL 32757

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.

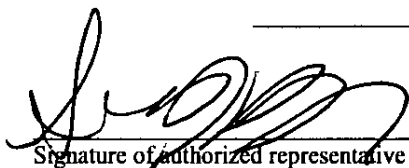
a. Granted to: SUSANNA M. PARSONS

b. No authority granted to: YUTHANA C. PARSONS

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

a. Granted to: SUSANNA M. PARSONS

b. No authority granted to: YUTHANA C. PARSONS


Signature of authorized representative

Susanna Parsons
Typed or printed name of signature

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

FILED
17 MAY 22 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA