

L080000091878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

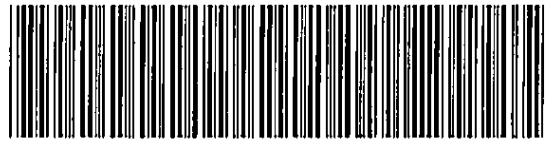
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FILED
2023 JUN 26
STON
FALLS, N.J.



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEALTHCARE INTERNATIONAL REAL ESTATE 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:

DAVID FLEMING

Name of Person

Firm/Company

493 CYPRESS STREET

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

WEALTHCAREINTERNATIONAL@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID FLEMING

407

774-1369

at (_____) _____

Name of Person

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: WEALTHCARE INTERNATIONAL REAL ESTATE LLC

SECOND: The Florida Document Number of the limited liability company is: L08000097878

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

493 CYPRESS STREET

ALTAMONTE SPRINGS, FL 32714

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

493 CYPRESS STREET

ALTAMONTE SPRINGS, FL 32714

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.

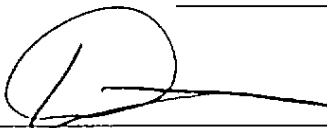
a. Granted to: DAVID L FLEMING

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: DAVID L FLEMING

b. No authority granted to: _____



Signature of authorized representative

David L Fleming

Typed or printed name of signature

Filing Fee: **\$25.00**

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