

10900041494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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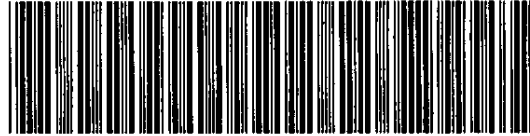
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016

J SHIVERS

George P. Langford

Attorney at Law

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NAPLES, FLORIDA 34103-4165

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FACSIMILE: (239) 262-0902
E-MAIL: LangfordLaw@embargo.com

May 25, 2016

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
(850) 487-6051

Re: **FIERCE GUPPY, LLC**

Ladies and Gentlemen:

Enclosed please find the following:

1. Statement of Authority;
2. Check in the amount of \$55.00;
3. Articles of Amendment to Articles of Organization;
4. Check in the amount of \$25.00

Please file the Statement of Authority and return a certified copy in the enclosed envelope.

Should you have any questions please do not hesitate to contact this office.

Sincerely yours,



Danielle C. Marczak
Legal Assistant to George P. Langford

GPL/dcm
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fierce Guppy, 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:

Danielle C. Marczak

Name of Person

George P. Langford

Firm/Company

3357 Tamiami Trail North

Address

Naples, FL 34103

City/State and Zip Code

jwm63@icloud.com

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

For further information concerning this matter, please call:

Danielle C. Marczak

Name of Person

at (

239

_____)_____
Area Code

262-2011

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: Fierce Guppy, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000041494

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

44 Manor Drive

Basking Ridge, NJ 07920

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

44 Manor Drive

Basking Ridge, NJ 07920

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.

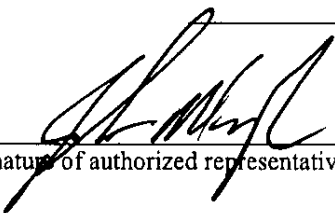
a. Granted to: John Melnyk

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: John Melnyk

b. No authority granted to: _____



Signature of authorized representative

John Melnyk

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)