

L10000044029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

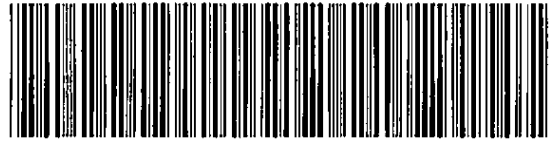
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 AUG 29 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Amiawn Investments 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:

Blake Hampton

Name of Person

Hampton Law, PLLC

Firm/Company

8931 Conference Dr, Suite 2

Address

Fort Myers, Florida 33919

City/State and Zip Code

acowan1@comcast.net

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

For further information concerning this matter, please call:

Allen Buddy Cowan

Name of Person

239

at (_____) _____

Area Code

297-8674

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: Amiawn Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000044029

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

16479 Rainbow Meadows Ct

Fort Myers, FL 33908

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

16479 Rainbow Meadows Ct

Fort Myers, FL 33908

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: Allen Buddy Cowan

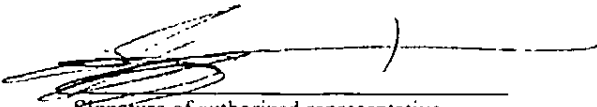
b. No authority granted to: _____

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

a. Granted to: Allen Buddy Cowan

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA


Signature of authorized representative

Allen Buddy Cowan

Typed or printed name of signature

16 AUG 2023

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)