

L10000050704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

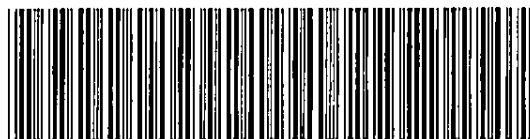
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700421068677

01/05/24--7:01:17--011 --\$25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2024 JAN -5 AM 11:17

FILED

A. PARISHANI

FEB - 3 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOHN FLEEMIN PLASTERING/STUCCO, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH BOHANNON, ESQ.

\_\_\_\_\_  
Name of Person

CORONADO LAW GROUP

\_\_\_\_\_  
Firm/Company

221 NORTH CAUSEWAY, SUITE A

\_\_\_\_\_  
Address

NEW SMYRNA BEACH, FL 32169

\_\_\_\_\_  
City/State and Zip Code

KBOHANNON@CFLAWYER.COM

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

For further information concerning this matter, please call:

KENNETH BOHANNON

386

427-5227

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 STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JAN -5 AM 11:17

FILED

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: JOHN FLEEMIN PLASTERING/STUCCO, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000050704

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

JOHN FLEEMIN PLASTERING/STUCCO, LLC

3137 CRAB TRAP DRIVE

NEW SMYRNA BEACH, FL 32168

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

JOHN FLEEMIN PLASTERING/STUCCO, LLC

3137 CRAB TRAP DRIVE

NEW SMYRNA BEACH, FL 32168

CLERK OF COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JAN -5 AM 11:17

FILED

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 FLEEMIN, III, 5304 CORDGRASS BEND LANE,  
PORT ORANGE, FL 32128

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 FLEEMIN, III, 5304 CORDGRASS BEND LANE  
PORT ORANGE, FL 32128

b. No authority granted to: \_\_\_\_\_

John B. Fleemin, Jr.  
Signature of authorized representative

JOHN FLEEMIN, JR.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)