

L100000257307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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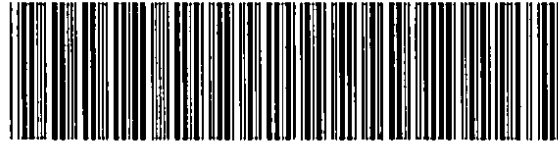
(Business Entity Name)

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DIVISION OF CORPORATIONS

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JUL 21 2017

TO: Registration Section  
Division of Corporations

SUBJECT: Cape Veterinary Practice, 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:

James M. Harwood  
Name of Person

Firm/Company

209 SW 10th Avenue  
Address

Cape Coral, FL 33991  
City/State and Zip Code

jamesharwood6@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Harwood at ( 239 ) 772-4911  
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:

**NAME OF LLC:** CAPE VETERINARY PRACTICE, LLC

**FLORIDA LLC DOCUMENT NUMBER:** L10000057307

**PRINCIPAL OFFICE ADDRESS:** 1225 NE 8<sup>th</sup> Street, Cape Coral, FL 33909

**MAILING ADDRESS:** 1225 NE 8<sup>th</sup> Street, Cape Coral, FL 33909

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Below is the authority given to each Member of the LLC. If a Member has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to Options Listed Below (Unlimited Authority)" will be selected. If a Member has been given specific authority to act on behalf of the LLC, a mark/check in any or all of the boxes below will indicate each specific authority given. A separate sheet of paper shall be attached if a Member has been given specific authority to an option not listed in this form.

### MEMBERS:

#### Member #1

**NAME:** JAMES M. HARWOOD, Sole Member

**ADDRESS:** 1225 NE 8<sup>th</sup> Street, Cape Coral, FL 33909

- ☒ All Authorization to act on behalf of the LLC, including but not limited to Options Listed Below (Unlimited Authority).
- ☒ Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.
- ☒ Purchase Property in the Name of the LLC.
- ☒ Enter into Contract(s) for the Maintenance/Improvement of Real Property.
- ☒ Open Bank Account(s) (Checking and Savings) in the Name of the LLC.
- ☒ Close Bank Account(s) (Checking and Savings) in the Name of the LLC.
- ☒ Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.
- ☒ Enter into Contract(s) for the Sale of the LLC's Personal Property (Ex: Vehicles/Equipment).
- ☒ Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/Equipment)
- ☒ Enter into Contract(s) for the Purchase of Supplies.
- ☒ Enter into Contract(s) for the Purchase of Material(s).
- ☒ Enter into Contract(s) for the Purchase of Merchandise.

- ☒ Enter into Contract(s) for the Purchase of Services.
- ☒ Enter into Contract(s) for the Sale of the LLC's Supplies.
- ☒ Enter into Contract(s) for the Sale of the LLC's Material(s).
- ☒ Enter into Contract(s) for the Sale of the LLC's Merchandise.
- ☒ Enter into Contract(s) for the Sale of the LLC's Services.
- ☒ Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.
- ☒ File Annual Reports with the State of Florida.
- ☒ Amend Annual Reports with the State of Florida.
- ☒ File Statement of Authority(s) with the State of Florida.
- ☒ Amend/Cancel/Renew Statement of Authority(s) in the State of Florida.
- ☒ Amend Articles of Organization.

### SPECIFIC RESTRICTIONS/LIMITATIONS

Below are any specific restrictions or limitations of authority directed/given to a specific Member, Manager, or Employee of the LLC.


**NAME:**        **Cynthia M. Young**

**LIMITATION:**        Cynthia M. Young is not a Member or Manager of this LLC. She is simply and employee/independent contractor and has absolutely **NO** authority to act on behalf of this LLC.

**RESTRICTION:**        Cynthia M. Young has absolutely **NO** authority to act on behalf of this LLC, in any capacity, either financially, for real property, or by binding the LLC, restricting the LLC, contracting on behalf of the LLC, amending corporate documents, amending and/or filing Annual Reports or Amendments with the Florida Department of State, amending the Articles of Organization of this LLC with the Florida Department of State.

If more space was needed, a separate sheet(s) of paper shall be attached to back of this form.

**CAPE VETERINARY PRACTICE, LLC;**

By: 

Print Name: James M. Harwood

Title: Sole Member

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