

L10000071276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

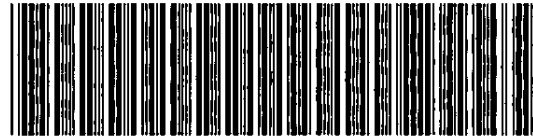
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 15 PM 12:54

MAY 22 2014  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** StinkandMuse, 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:

Lynn B. Aust

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

Lynn B. Aust, PL

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

1220 E. Livingston St.

\_\_\_\_\_  
Address

Orlando, FL 32803

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

doveattorney@austlaw.biz

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

For further information concerning this matter, please call:

Lynn B. Aust

at ( 407 )

447-5399

\_\_\_\_\_  
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:

FIRST: The name of the limited liability company is: StinkandMuse, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000071276

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

c/o Lynn B. Aust, PL

1220 E. Livingston Street

Orlando, FL 32803

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

127 W. Fairbanks Ave.

PO Box 531

Winter Park, FL 32789

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.

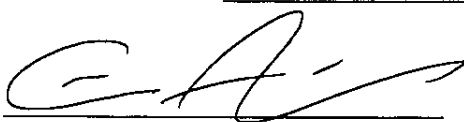
a. Granted to: Eric G. Althin

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: Eric G. Althin

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



Signature of authorized representative

Eric G. Althin

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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