

L 11 0000 77779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

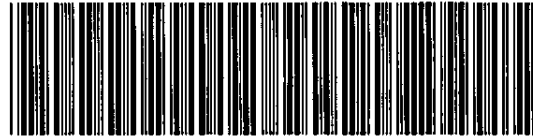
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FUQUA & MILTON, P.A.

ATTORNEYS AT LAW

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Frank E. Bondurant (Of Counsel)
fbondurant@bffloridalaw.com

June 14, 2016

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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16 JUN 17 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Hawkins Family Medicine, LLC
File No. -- 2016-51 FA

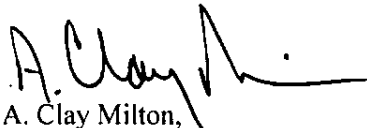
To Whom It May Concern,

Please find enclosed herewith the following documents for the above referenced LLC:

1. Check # 7677 in the amount of \$25.00 for Statement of Authority Filing Fee
2. Cover Letter
3. Statement of Authority of Hawkins Family Medicine, LLC

If you should have any questions please do not hesitate to contact our office at your convenience.

Sincerely,


A. Clay Milton,
For the Firm

ACM/ss

Enc:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hawkins Family Medicine, 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:

Patrick L. Hawkins, MD

Name of Person

Hawkins Family Medicine, LLC

Firm/Company

310 E. Byrd Avenue, Suite B

Address

Bonifay, FL 32425

City/State and Zip Code

hawkinsfamilymed@gmail.com

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

For further information concerning this matter, please call:

Patrick L. Hawkins

at (850) 547-4440

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

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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: Hawkins Family Medicine, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000077779

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

310 E. Byrd Avenue, Suite B

Bonifay, FL 32425

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

310 E. Byrd Avenue, Suite B

Bonifay, FL 32425

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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.

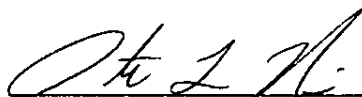
a. Granted to: Patrick L. Hawkins

b. No authority granted to: Natasha Walker or Larry Hawkins

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

a. Granted to: Patrick L. Hawkins

b. No authority granted to: Natasha Walker or Larry Hawkins


Signature of authorized representative

Patrick L. Hawkins
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)