

LIZ000159111

(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



800346815538

06/16/2013 13:00:00

2013 JUN 16 13:00

2013 JUN 16 13:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ormond King Center, 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:

pam clifton

Name of Person

Smith Bigman Brock, P.A.

Firm/Company

P. O. Box 15200

Address

Daytona Beach, FL 32115

City/State and Zip Code

ja@microflexinc.com

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

For further information concerning this matter, please call:

Jeffrey P. Brock

Name of Person

386

at (_____)_____
Area Code

254-6875

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: Ormond King Center, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000159111

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

1800 North U.S. Highway 1

Ormond Beach, FL 32174

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

1800 North U.S. Highway 1

Ormond Beach, FL 32174

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: Josif Atanasoski, Manager

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: Josif Atanasoski, Manager

b. No authority granted to: _____


Signature of authorized representative

Josif Atanasoski
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)