

L13000014629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

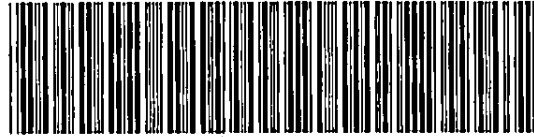
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200306897542

01/11/18--0101E--008 **30.00

FILED
18 JAN 11 PM 2:53
STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASSEY FAMILY ENTERPRISES, 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:

JOHN S. MASSEY

Name of Person

MASSEY FAMILY ENTERPRISES, LLC

Firm/Company

POST OFFICE BOX 949

Address

NEW SMYRNA BEACH, FL 32170

City/State and Zip Code

masseyproperties@cfl.rr.com

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

For further information concerning this matter, please call:

JOHN S. MASSEY

Name of Person

at (386) 427-7708

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: MASSEY FAMILY ENTERPRISES, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000014629

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

635 AIRPARK ROAD

EDGEWATER, FL 32132

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

POST OFFICE BOX 949

NEW SMYRNA BEACH, FL 32170

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:

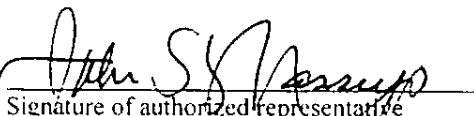
a. Granted to: JOHN S. MASSEY
AUTHORIZED MANAGING MEMBER

b. No authority granted to: NO OTHER PARTY

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

a. Granted to: JOHN S. MASSEY
AUTHORIZED MANAGING MEMBER

b. No authority granted to: NO OTHER PARTY


Signature of authorized representative

JOHN S. MASSEY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
18 JAN 11 PM 2:53
STATE OF FLORIDA
TALLAHASSEE