

L13000014629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

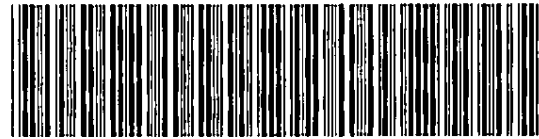
(Business Entity Name)

(Document Number)

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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

john@masseyproperties.com

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

For further information concerning this matter, please call:

John S Massey at (386) 427-3100
Name of Person Area Code 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: 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

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TALLAHASSEE, FL

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, DORIAN M. MASSEY, or
CONSTANCE B. MASSEY

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, DORIAN M. MASSEY, or
CONSTANCE B. MASSEY

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)