

213000070242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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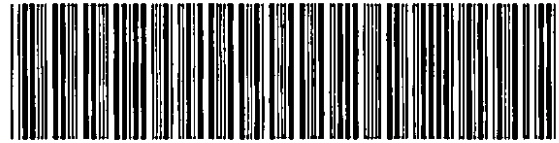
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
AUG 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANKOWNER PROPERTIES, 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:

MAURA E. SLACK

Name of Person

PLANKOWNER PROPERTIES, LLC

Firm/Company

18334 MURDOCK CIR

Address

PORT CHARLOTTE, FL 33948

City/State and Zip Code

MAURASLACK@GMAIL.COM

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

For further information concerning this matter, please call:

Eric M. Rolinson, Esq.

Name of Person

at (407)

Area Code

477-4559

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

CR2E138 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 10 PM 2:48

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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: PLANKOWNER PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000070242

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

18334 MURDOCK CIR

PORT CHARLOTTE, FL 33948

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

18334 MURDOCK CIR

PORT CHARLOTTE, FL 33948

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: MAURA E. SLACK

b. No authority granted to: JEREMIAH SLACK

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

a. Granted to: MAURA E. SLACK

b. No authority granted to: JEREMIAH SLACK

Ma E Slack
Signature of authorized representative

MAURA E. SLACK
Typed or printed name of signature

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

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2018 AUG 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA