

L13000125736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

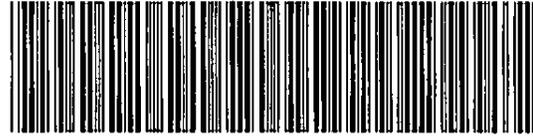
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. LEGGETT  
DEC 21 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEONCOW, 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:

LORENE SEELER YOUNG

Name of Person

LORENE SEELER YOUNG, P.A.

Firm/Company

9124 GRIFFIN ROAD

Address

COOPER CITY, FLORIDA 33328

City/State and Zip Code

PIAoffers@PIAGROUPUSA.COM

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

For further information concerning this matter, please call:

LORENE SEELER YOUNG

at ( )

954

Area Code

585-3967

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: NEONCOW, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000125736

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

20815 NE 16 AVENUE  
SUITE B15  
MIAMI, FLORIDA 33179

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

20815 NE 16 AVENUE  
SUITE B15  
MIAMI, FLORIDA 33179

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: JIMMY LEVY, Manager

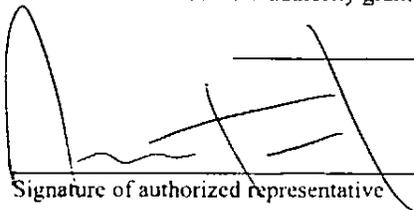
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: JIMMY LEVY, Manager

b. No authority granted to: \_\_\_\_\_

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Signature of authorized representative

JIMMY LEVY, Manager  
Typed or printed name of signature

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