

L13 000151825

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Statement of  
Authority

02/22/22--01010--005 \*\*25.00

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2022 FEB 22 AM 11:29  
CLERK OF STATE  
OF MISSISSIPPI

A. RAMSEY  
FEB 25 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALEXANDRIA PROPERTY 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:

JOEL D. WARE

Name of Person

ALEXANDRIA PROPERTY LLC

Firm/Company

719 MILLS ESTATE PLACE

Address

CHULUOTA, FL 32766

City/State and Zip Code

dougware81@gmail.com

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

For further information concerning this matter, please call:

JOEL D. WARE

Name of Person

at ( 407 )

Area Code

366 3555

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: ALEXANDRIA PROPERTY LLC

SECOND: The Florida Document Number of the limited liability company is: L13000151825

THIRD: The street address of the limited liability company's principal office is:  
719 MILLS ESTATE PL CHULUOTA, FL 32766

The mailing address of the limited liability company's principal office is:  
719 MILLS ESTATE PL CHULUOTA, FL 32766

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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.

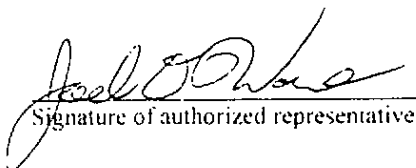
a. Granted to: JOEL D. WARE, MGR, CANDACE WARE, MGR  
OR ERIK D. WARE, ITS AUTHORIZED AGENT

b. No authority granted to: ANY OTHER PERSON(S)

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

a. Granted to: JOEL D. WARE, MGR, CANDACE WARE, MGR.  
OR ERIK D. WARE, ITS AUTHORIZED AGENT

b. No authority granted to: ANY OTHER PERSON(S)

  
Signature of authorized representative

JOEL D. WARE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)