

L13000155243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

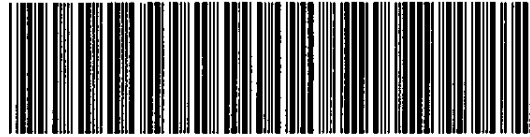
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280059375

01/06/16--01017--016 **55.00

FILED

2016 JAN -6 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN 7 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATWOOD FAMILY FARMS 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:

KARL A. BURGUNDER

Name of Person

KARL A. BURGUNDER, ATTORNEY AT LAW, P.L.

Firm/Company

1490 SWANSON DR. STE. 200

Address

OVIEDO, FL 32765

City/State and Zip Code

karl@cfbizlaw.com

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

For further information concerning this matter, please call:

KARL A. BURGUNDER

Name of Person

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: ATWOOD FAMILY FARMS LLC

SECOND: The Florida Document Number of the limited liability company is: L13000155243

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

6006 ALLEN ST.

MOUNT DORA, FL 32757

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

PO BOX 203

TANGERINE, FL 32777

FILED
2016 JAN -6 PM 5:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: RYAN ATWOOD AND DAVID L EVANS,

ACTING JOINTLY


b. No authority granted to: ANY OTHER PERSONS

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

a. Granted to: RYAN ATWOOD, DAVID L. EVANS, ARTHUR

F. EVANS, CHARLES EVANS, OR JOHN W. EVANS JR

b. No authority granted to: ANY OTHER PERSONS


Signature of authorized representative

Ryan Atwood, MGR
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)