

L13000166038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

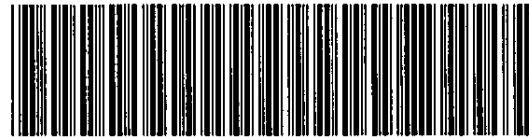
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

APR 15 2014

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L13-146038

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Checkm8tes 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:

**Danny Persaud**

Name of Person

**checkm8tes llc**

Firm/Company

**4314 W. MLK Blvd.**

Address

**Tampa, Florida 33614**

City/State and Zip Code

**danny@midflaarmored.com**

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

For further information concerning this matter, please call:

**Lee Atkinson**

Name of Person

at ( **813** ) **335-6097**

Area Code

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

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: checkm8tes llc

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

4314 W. MLK Blvd.

Tampa, Florida 33614

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

4314 W. MLK Blvd

Tampa, Florida 33614

THIRD: 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 in a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

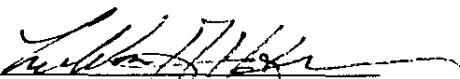
a. Granted to: Danny Persaud, Manager

b. No authority granted to: anyone else

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

a. Granted to: Danny Persaud, Manager

b. No authority granted to: anyone else

  
Signature of authorized representative

Lee Wm. Atkinson  
Typed or printed name of signature

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

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