

L14 00000 8570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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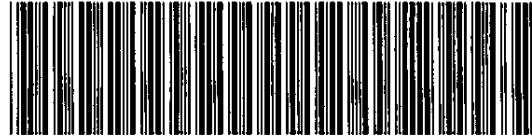
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Advisors Insurance Group 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:

Daniel S DeWeese

Name of Person

DeWeese & Associates LLC

Firm/Company

830-13 A1A North #219

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

steved@deweesebenefits.com

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

For further information concerning this matter, please call:

Daniel S DeWeese

Name of Person

904

Area Code

710-1719

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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TALLAHASSEE, FLORIDA

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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: Healthcare Advisors Insurance Group LLC

SECOND: The Florida Document Number of the limited liability company is: L14000008570

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

8301 Cypress Plaza Drive, Ste 115

Jacksonville, FL 32256

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

8301 Cypress Plaza Drive, Ste 115

Jacksonville, FL 32256

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: DeWeese & Associates LLC

830-13 A1A N. Ste 219 Ponte Vedra Beach, FL 32082

b. No authority granted to: Copeland Group USA INC

1203 West Loop 281 Longview, TX 75604

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

a. Granted to: DeWeese & Associates LLC

830-13 A1A N. Ste 219 Ponte Vedra Beach, FL 32082

b. No authority granted to: Copeland Group USA INC

1203 West Loop 281 Longview, TX 75604


Signature of authorized representative

Daniel S DeWeese CO-/ DeWeese And Associates LLC

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE
FLORIDA

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