

L14000186857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

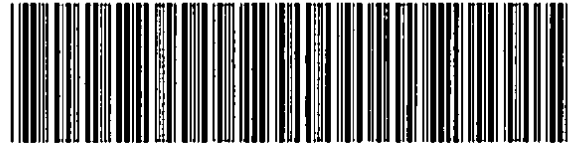
(Document Number)

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APR 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

American Technical Furniture

SUBJECT: _____
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:

Louis Gallo

Name of Person

American Technical Furniture, LLC

Firm/Company

831 Carswell Ave.

Address

Holly Hill, FL 32117

City/State and Zip Code

lou.gallo@americantechnicalfurniture.com

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

For further information concerning this matter, please call:

Louis Gallo at (386) 405-0988

Name of Person	Area Code	Daytime Telephone Number
Louis Gallo	386	405-0988

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: American Technical Furniture, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000186857

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

831 Carswell Ave.

Holly Hill, FL 32117

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

831 Carswell Ave.

Holly Hill, FL 32117

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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.

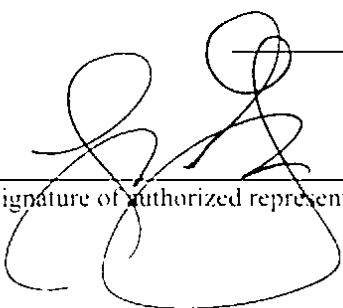
a. Granted to: Louis G. Gallo

b. No authority granted to: Claudette D. Ashman

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

a. Granted to: Louis G. Gallo

b. No authority granted to: Claudette D. Ashman


Signature of authorized representative

Louis G. Gallo

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**