

L14000 192850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

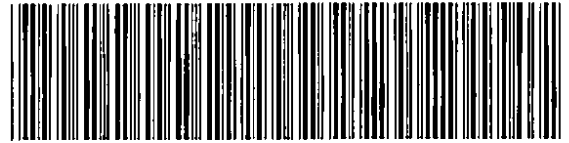
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

01/26/23--01019--007 **55.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD BATES FARM LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN GARRISON
Name of Person

OLD BATES FARM LLC
Firm/Company

1667 SUNSET PLACE
Address

Ft MYERS FL. 33901
City/State and Zip Code

ERIESPEEDWAY@Gmail.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN GARRISON at (239) 849-3950
Name of Person Area Code Daytime Telephone Number

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: OLD BATES FARM LLC.

SECOND: The Florida Document Number of the limited liability company is: L14000192850

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

10081 NW 7TH STREET
PLANTATION, FL 33324

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

10081 NW 7TH STREET
PLANTATION, FL 33324

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or as a specified person on the following:

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

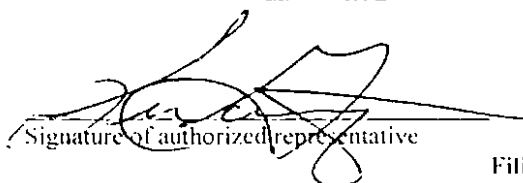
a. Granted to: N/A

b. No authority granted to: Joseph O'Neill

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

a. Granted to: N/A

b. No authority granted to: Joseph O'Neill


Signature of authorized representative

SEAN GARRISON
Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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