

L500010875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

FEB 05 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nextzone, 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:

Matthew L. Bell, CPA

Name of Person

Harding Bell International, Inc.

Firm/Company

113 Pontotoc Plaza

Address

Auburndale, FL 33823

City/State and Zip Code

matt.bell@hbitax.com

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

For further information concerning this matter, please call:

Matthew L. Bell, CPA

Name of Person

863

Area Code

968-1010

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(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Nextzone, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000010875

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

113 Pontotoc Plaza

Auburndale, FL 33823

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

P.O. Box 70024

Victoria Island

Lagos, Nigeria

**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: Emmanuel U. Akpadiaha

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Emmanuel U. Akpadiaha

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Emmanuel U. Akpadiaha

Typed or printed name of signature

Filing Fee: **\$25.00**

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

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