

L15000098912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

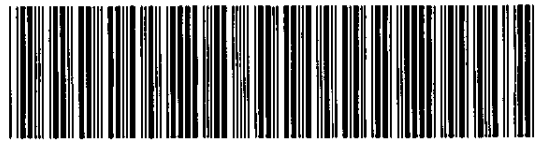
(Business Entity Name)

(Document Number)

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DATE: 7/1/15

NAME: SCOOP SWIPE LLC

TYPE OF FILING: STATEMENT OF AUTHORITY

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attache

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scope Swipe 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:

Mark R. Mohler

Name of Person

Corridor Legal, Chartered

Firm/Company

907 E Strawbridge Ave., Suite 101

Address

Melbourne, FL 32901

City/State and Zip Code

jscott@xltg.com

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

For further information concerning this matter, please call:

Mark Mohler

Name of Person

at (**321**) **473-3337**

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

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: Scope Swipe LLC

SECOND: The Florida Document Number of the limited liability company is: L15000098912

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

14355 80TH AVE

SEBASTIAN, FL 32958

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

14355 80TH AVE

SEBASTIAN, FL 32958

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: _____

b. No authority granted to: _____

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

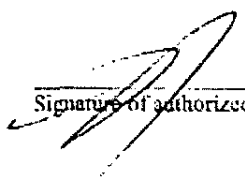
a. Granted to: John Scott

b. No authority granted to: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS


Signature of authorized representative

John Scott

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)