

U15000256K

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

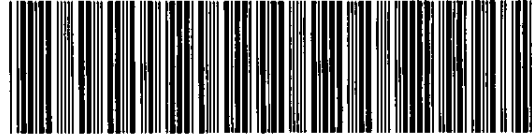
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300275483433

08/04/15--01019--014 **30.00

FILED
15 AUG -4 PM 2:43
08/04/2015

AUG 05 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rx Recovery, 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:

Stephen J. Calvacca

Name of Person

NeJame Law, P.A.

Firm/Company

189 S. Orange Avenue, Suite 1800

Address

Orlando, Florida 32801

City/State and Zip Code

stephen@nejamelaw.com

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

For further information concerning this matter, please call:

Stephen J. Calvacca

at (407)

245-1232

Name of Person

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

FILED
15 AUG -4 PM 2:43
TALLAHASSEE, FLA

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: Rx RECOVERY LLC

SECOND: The Florida Document Number of the limited liability company is: L15000125614

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

189 S. Orange Avenue, Suite 1800

Orlando, Florida 32801

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

189 S. Orange Avenue, Suite 1800

Orlando, Florida 32801

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: Stephen J. Calvacca

b. No authority granted to: _____

Signature of authorized representative

Stephen J. Calvacca

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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: Rx RECOVERY LLC

SECOND: The Florida Document Number of the limited liability company is: L15000125614

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

189 S. Orange Avenue, Suite 1800

Orlando, Florida 32801

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

189 S. Orange Avenue, Suite 1800

Orlando, Florida 32801

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: Stephen J. Calvacca

b. No authority granted to: _____

Signature of authorized representative

Stephen J. Calvacca

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
15 AUG 26 PM 2:43