L15000164534

(Re	equestor's Name)			
. (Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT ,	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		i :		
_				

Office Use Only



700277999757

10/13/15--01024--008 **100.00

2015 OCT 13 A IO: 50
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

OCT 1 4 2015

S MASON

COVER LETTER

TO: Registration Section Division of Corporations		•
5671 Division Drive, LLC SUBJECT:		
Name of Lim	ited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Michael Scott, Esq.		
Name of Person		
The Dorcey Law Firm, PLC		
Firm/Company		
10181 Six Mile Cypress Pkwy, Suite C		
Address		
Fort Myers, FL 33966		
City/State and Zip Code	-	
mike@dorceylaw.com		
E-mail address: (to be used for future annua	report notification	<u> </u>
For further information concerning this matter, please	call:	
Michael Scott	239	418-0169
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

STATEMENT OF AUTHORITY

following statement of authority:				
NAME OF LLC: 5671 Division Drive, LLC				
THE FLORIDA LLC DOCUMENT NUMBER: LISO00164534				
PRINCIPAL OFFICE ADDRESS: 5671 Division Drive, Fort Lyers,				
MAILING ADDRESS: P.O. Box 153060, Cape Coral, FL 33915				
Below is the authority given to the Managers of the LLC. If a Manager has unlimited authorization, the option "All Authorization Options Listed Below Apply to Him/Her (Unlimite Authority)" will be selected. A separate sheet of paper will be attached if a Manager has been given specific authority to an option not listed in this form.				
MANAGERS E				
MANAGERS Manager #1 NAME: Danny P. Mitchell MANAGERS AHASRY AHASR				
NAME: Danny P. Mitchell				
SPECIFIC TITLE: MGR				
All Authorization to act on behalf of the LLC, including but not inited Options				
Listed Below (Unlimited Authority).				
☐ He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real				
Property Owned by the LLC.				
He/She has Authority to Purchase Property in the Name of the LLC.				
He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.				
☐ He/She has authority to Open Bank Account(s) in Name of the LLC.				
He/She has authority to Close Bank Account(s) Owned by the LLC.				
He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit				
Cards and/or other instruments of payment on behalf of the LLC.				
☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal				
Property (Ex: Vehicles/Equipment).				

	He/She has authority to Enter into Contract(s) for the Purchase of Personal				
Prope	erty (Ex: Vehicles/Equipment).				
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.				
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).				
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.				
	He/She has authority to Enter into Contract(s) for the Purchase of Services.				
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.				
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).				
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's				
Merci	handise.				
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.				
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services				
on bel	half of the LLC.				
	He/She has authority to File Annual Reports with State of Florida.				
	He/She has authority to Amend Annual Reports with State of Florida.				
	He/She has authority to File Statement of Authority(s) with State of Florida.				
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of				
Florid	ia.				
	He/She has authority to Amend Articles of Organization.				
Manager #2 NAME: Margie Mitchell					
NAM	E: Margie Mitchell				
CDEC	E: Wargie Wittenen				
SPEC	TIFIC TITLE: MGR				
Ø	All Authorization to act on behalf of the LLC, including but not limited to Options Below (Unlimited Authority).				
	Below (Unlimited Authority).				
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real				
_	erty Owned by the LLC.				
	He/She has Authority to Purchase Property in the Name of the LLC.				
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement				
of Rea	al Property.				
	He/She has authority to Open Bank Account(s) in Name of the LLC.				
	He/She has authority to Close Bank Account(s) Owned by the LLC.				
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit				
Cards and/or other instruments of payment on behalf of the LLC.					
_	and of other instruments of payment on behalf of the EEC.				
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal				

	'He/She has authority to Enter into Contract(s) for the Purcha	se of Per	sonal	l		
Prop	erty (Ex: Vehicles/Equipment).					
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.					
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).					
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.					
	He/She has authority to Enter into Contract(s) for the Purchase of Services.					
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.					
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).					
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's					
Merc	handise.					
	He/She has authority to Enter into Contract(s) for the Sale of	the LLC	's Sei	rvices.		
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services					
	half of the LLC.					
	He/She has authority to File Annual Reports with State of Florida.					
	He/She has authority to Amend Annual Reports with State of	Florida.				
	He/She has authority to File Statement of Authority(s) with St	ate of F	lorida	l•		
	He/She has authority to Amend/Cancel/Renew Statement of A	uthority	(s) in	State of		
Flori						
	He/She has authority to Amend Articles of Organization.					
	,					
By:		SSTEETUS	2015 OCT 13			
Print	Name: Danny P. Mitchell	Y OF S	\triangleright	J		
Title:	MANAGER	TATE ORIDA	IO: 50			