

L15000176294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

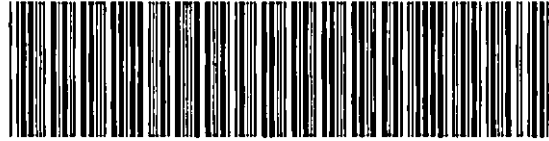
(Document Number)

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FEB 10 2021

ALBRITTON



MARK E. HAGER

Attorney & Counselor at Law, LC

Member Florida
& Pennsylvania Bars

December 18, 2020

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

*Re: MICNIC, LLC
1.15000176294*

Dear Sir or Madame:

Enclosed please find our check for \$55.00, along with the Statement of Authority needed to register the above captioned company, on our client's behalf.

Also included is a self-addressed stamped envelope for the return of the certified copy.

If you have any questions regarding this matter please do not hesitate to call our office.

Sincerely,

MARK E. HAGER, ATTORNEY

MEH/rs
Enclosures3

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: MICNIK, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000176294

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

4377 COMMERCIAL WAY

SUITE 222

SPRING HILL, FL 34606

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

4377 COMMERCIAL WAY

SUITE 222

SPRING HILL, FL 34606

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: MICHAEL B. PASMORE, President, or

NICOLE A. PASMORE, Vice President

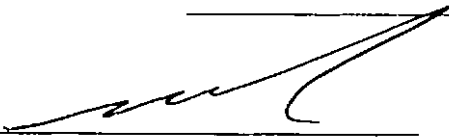
b. No authority granted to: _____

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

a. Granted to: MICHAEL B. PASMORE, President, or

NICOLE A. PASMORE, Vice President

b. No authority granted to: _____



Signature of authorized representative

MICHAEL B. PASMORE

Typed or printed name of signature

Filing Fee: **\$25.00**

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