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(Re	equestor's Name)
(Ad	idress)
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(Cit	ty/State/Zip/Phone #)
	WAIT MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
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\checkmark	Office Use Only



10/24/23--01017--009 *+25.00



COVER LETTER

TO: Registration Section Division of Corporations

Southern Built, LLC

SUBJECT: ____

.

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:

Anthony Ford

Name of Person

Firm/Company

120 S. Samsula Drive

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

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

For further information concerning this matter, please call:

Anthony Ford _______at (______) 527-9114 ______ ______Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

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: <u>Southern Built, LLC</u>

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

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

3761 Strawberry Lane

New Smyrna Beach, FL 32168

The mailing address of the limited liability company's principal office is: PO Box 688

New Smyrna Beach, FL 32170

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 grante	2d to:			
		therwise act for or bind, the c Ford	CT 24 AN IO:	
b. No authority grante	ed to:		3	42
ture of authorized representative		Anthony T. Ford Typed or printed nai	ne of signature	
fure of autostrice representative	Cilina Cass - St	r speci or primed ha	ne or signature	

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

Signa