

L160000911416

(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



500331626815

500331626815
07/26/19--01001--006 **25.00

2019 JUL 30 PM 2:49

R. WHITE
JUL 30 2019

GP

(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antwane Enterprises, LLC
(Name of Partnership)

DOCUMENT NUMBER: L1600000191646

The enclosed Statement of Partnership Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gardner Bist
(Name of Person)

(Firm/Company)

1300 Thomaswood Dr.
(Address)

Tallahassee, FL 32308
(City/State and Zip Code)

GP1800000827-5
07/26/19--01001--006 **25.00

For further information concerning this matter, please call:

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

STREET 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

CR2E072 (6/17)

19 JUL 25 PM 3:29

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: ANTWANE ENTERPRISES, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000091646

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

221 N HOGAN ST., STE 343

JACKSONVILLE, FL 32202

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

221 N HOGAN ST., STE 343

JACKSONVILLE, FL 32202

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.

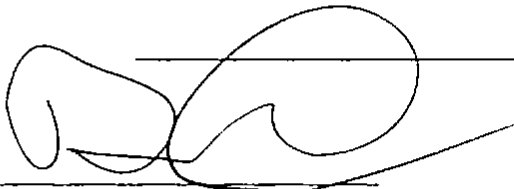
a. Granted to: SANTANA W. JOHNSON
DF

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: SANTANA W. JOHNSON

b. No authority granted to: _____



Signature of authorized representative

DANTE FOWLER, JR.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2019 JUN 30 PM 2:49