

L16000165661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

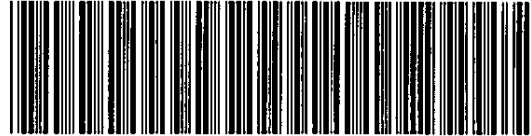
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT -3 AM 8:44

DIVISION OF CORPORATIONS

O SIMMONS

OCT 05 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIT Gen LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Michael M. Nitzsche
Name of Person

1235 R Providence Blvd. Suite 320
Address
Deltona, FL 32725
City/State and Zip Code
Nitgen LLC @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Nitzsche at 407 408 4429
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

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status
(if required) | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|-----------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

CR2E062 (9/15)

*Money order ENclosed
#217734113*

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: NitGen LLC

SECOND: The Florida Document Number of the limited liability company is: L16 000165661

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

1235 R Providence Blvd
Suite 320
Deltona, FL 32725

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

SAME AS ABOVE

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 M. Nitzsche

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 M. Nitzsche

b. No authority granted to: _____


Signature of authorized representative

Michael M. Nitzsche
Typed or printed name of signature

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

CR2E138 (2/14)

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16 OCT -3 AM 8:44
DIVISION OF CORPORATIONS