

L16 000 168 2211



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

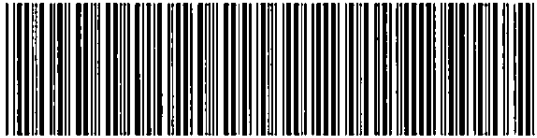
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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EMMANUEL SHEPPARD & CONDON

ATTORNEYS AT LAW SINCE 1913

Sally B. Fox
Attorney at Law

30 S Spring Street
Pensacola, FL 32502
Sfox@esclaw.com | (850) 433-6581 | esclaw.com

March 1, 2024

VIA MAIL DELIVERY

Florida Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Statement of Authority – Simpson Holding LLC
Our File: 18163-162233

To Whom It May Concern:

Enclosed is our Check#157638 in the amount of \$25.00 for the Statement of Authority for Simpson Holding LLC .

Sincerely,

Alisa Kiker for
Sally B. Fox

/ajk
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SIMPSON HOLDING, LLC**

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:

ROBERT D. SIMPSON

Name of Person

SIMPSON HOLDING, LLC

Firm/Company

1400 VILLAGE SQUARE BLVD PMB 82097

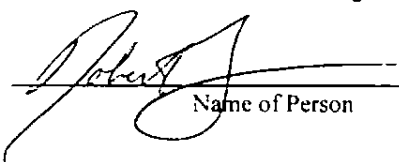
Address

TALLAHASSEE, FL 32312

City/State and Zip Code

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

For further information concerning this matter, please call:

 _____ at (_____) _____
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

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: SIMPSON HOLDING, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000168241

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

1400 VILLAGE SQUARE BLVD, PMB 82097

TALLAHASSEE, FL 32312

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

1400 VILLAGE SQUARE BLVD, PMB 82097

TALLAHASSEE, FL 32312

2024 MAR -4 PM 3:23

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.

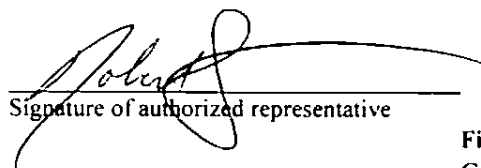
a. Granted to: ROBERT D. SIMPSON - MANAGER

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: ROBERT D. SIMPSON - MANAGER

b. No authority granted to: _____


Signature of authorized representative

ROBERT D. SIMPSON

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)