

L16000181889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATEC INLAND, 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:

KENNETH BOHANNON

Name of Person

CORONADO LAW GROUP, PLLC

Firm/Company

221 NORTH CAUSEWAY, SUITE A

Address

NEW SMYRNA BEACH, FL 32169

City/State and Zip Code

KBOHANNON@CFLLAWYER.COM

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

For further information concerning this matter, please call:

KENNETH BOHANNON

386

427-5227

at ()

Name of Person

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

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: ATEC INLAND, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000181889

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

2170 W STATE ROAD 434

SUITE 400

LONGWOOD, FL 32779

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

2170 W STATE ROAD 434

SUITE 400

LONGWOOD, FL 32779

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: MARTHA PAEZ

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: MARTHA PAEZ

b. No authority granted to: _____

DocuSigned by:

Martha Paez

Signature of authorized representative

MARTHA PAEZ

Typed or printed name of signature

Filing Fee: **\$25.00**

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