

L16000 183386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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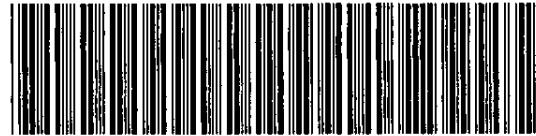
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 06 2017

# HARPER, KYNES, GELLER & GREENLEAF, P.A.

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PRACTICE IN CALIFORNIA

DIRECT LINE: 727-498-5207

File No. 13380/25406

March 1, 2017

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

Re: Statement of Authority – Irwin Family, LLC  
Document Number: L16000183386

Dear Sir or Madam:

Please find enclosed an original signed Statement of Authority for the above-referenced limited liability company, along with a check in the amount of Twenty-Five and No/100 Dollars (\$25.00) for the filing fee.

If you have any questions, please feel free to call me at (727) 498-5207. Thank you for your assistance.

Sincerely,

HARPER, KYNES, GELLER  
& GREENLEAF, P.A.



J. COREY SILVERMAN

JCS/dcm  
Encl.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Irwin Family, 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:

Janice I. Brown

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3407 Beautiful Court

\_\_\_\_\_  
Address

Lutz, Florida 33559

\_\_\_\_\_  
City/State and Zip Code

janicebrown97@verizon.net

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

For further information concerning this matter, please call:

J. Corey Silverman

at ( 727 ) 498-5207

\_\_\_\_\_  
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: Irwin Family, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000183386

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

3407 Beautiful Court

Lutz, Florida 33559

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

3407 Beautiful Court

Lutz, Florida 33559

**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: G. William Boswell, Jr., President

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: G. William Boswell, Jr., President

b. No authority granted to: \_\_\_\_\_

Janice I. Brown  
Signature of authorized representative

Janice I. Brown  
Typed or printed name of signature

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

2011 MAR -3 A 9 41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**