

L16000192032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

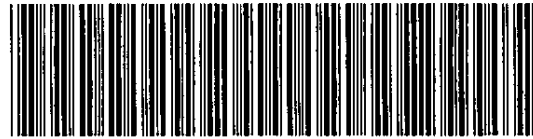
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE
OCT 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Quality Medical, 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:

Dil Hogan
Name of Person

Florida Quality Medical, LLC
Firm/Company

15880 Summerlin Rd 300-203
Address

FT Myers, FL 33908
City/State and Zip Code

Dil Hogan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dil Hogan at (239) 898-4589
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

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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: Florida Quality Medical
LLC

SECOND: The Florida Document Number of the limited liability company is: L16000192032

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

15880 Summerlin Rd 300-203
Ft Myers, FL 33908

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

Same

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: Dil Hogan

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: Dil Hogan

b. No authority granted to: _____

[Signature]
Signature of authorized representative

Dil Hogan
Typed or printed name of signature

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

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