

L17000023004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

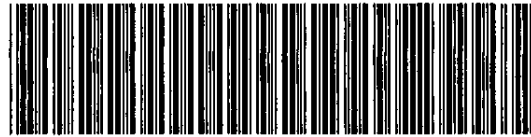
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

APR 03 2017

J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STRATEGYNICS, 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:

MARKUS HARDY

Name of Person

STRATEGYNICS, LLC

Firm/Company

P.O. Box 557177

Address

JACKSONVILLE, FL 32255

City/State and Zip Code

SUPPORT@STRATEGYNICS GROUP, COM

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

For further information concerning this matter, please call:

MARKUS HARDY

Name of Person

at ( 904 )

Area Code

321 700 7

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: STRATEGYNICS, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000023004 STRATEGYNICS LLC

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

7827 Chase Meadows Drive  
Jacksonville, FL 32256

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

P.O. Box 551177  
Jacksonville, FL 32255

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: MARKUS HARDY, CEO  
MEILBA HARDY, COO

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: MARKUS HARDY, CEO  
MEILBA HARDY, COO

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

  
Signature of authorized representative

MARKUS HARDY  
Typed or printed name of signature

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

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CLERK OF STATE  
DIVISION OF CORPORATIONS