

L17000061539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

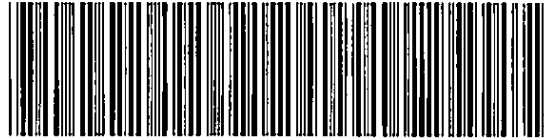
(Document Number)

Certified Copies _____

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2022 AUG 31 PM 3:46
TALLAHASSEE, FLORIDA 2022 AUG 31 AM 8:40
OFFICE

9/1/2022

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/31 DANNY

XX CERTIFIED COPY

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STATEMENT OF AUTHORITY

1. **RADIO ROAD SHELL, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADIO ROAD SHELL, 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:

Kristen Williams Haseotes

Name of Person

Firm/Company

P.O. Box 2544

Address

Naples, Florida 34106

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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: RADIO ROAD SHELL, LLC 2022 AUG 31 AM 8:41

SECOND: The Florida Document Number of the limited liability company is: L17000061539

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

7392 Radio Road

Naples, Florida 34104

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

P.O. Box 2544

Naples, Florida 34106

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:

b. No authority granted to: Sharafali A. Soori

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to:

b. No authority granted to: Sharafali A. Soori

Kristen Williams Haseotes
Signature of authorized representative

Kristen Williams Haseotes
Manager and Sole Member
Typed or printed name of signature

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