117000094051

| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| (Address) | | | |
| | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| J DETINIS | | | |
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Office Use Only

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HERETARY OF STATE

COVER LETTER . .

| TO: | Registration Section Division of Corporations | |
|---------|---------------------------------------------------------------|-------------------------------|
| SUBJE | 9775 DIXIE LLC | |
| .,01,01 | Name of Limited Liability | y Company |
| Dear S | ir or Madam: | |
| The en | closed Statement of Authority and fee(s) are submitted for | filing. |
| Please | return all correspondence concerning this matter to the foll- | owing: |
| JACQ | UE HUTTOE | |
| | Name of Person | |
| 9775 Г | DIXIE LLC | |
| - | Firm/Company | |
| 1172 S | , DIXIE HIGHWAY, SUITE 463 | |
| | Address | |
| CORA | L GABLES, FLORIDA 33146 | |
| | - City/State and Zip Code | |
| JACQI | JEHUTTOE@GMAIL.COM | |
| | E-mail address: (to be used for future annual report notif | ication) |
| For fur | ther information concerning this matter, please call: | |
| JACQI | JE HUTTOE 305 | 979-2421 |
| | Name of Person Area C | 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

| authority: | ion 605.0302(1). Florida Statutes, this limited liability company submits the followin | |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| FIRST: The | ame of the limited liability company is: 9775 DIXIE LLC | |
| SECOND: | Florida Document Number of the limited liability company is: | |
| | treet address of the limited liability company's principal office is: S. DIXIE HIGHWAY, SUITE 463 | |
| CO | L GABLES, FLORIDA 33146 | 22 |
| | mailing address of the limited liability company's principal office is: 5. DIXIE HIGHWAY, SUITE 463 | 2029 JUN 29 |
| CO | AL GABLES, FLORIDA 33146 | CORPORATI |
| | is statement of authority grants or sets limitations of authority on all persons having t rson in a company, whether as a member, transferee, manager, officer or otherwise or ollowing: ay execute an instrument transferring real property held in the name of the company. | he status or 'r to a specific |
| | a. Granted to: | |
| | b. No authority granted to: CHARLES HUTTOE | |
| 2. | lay enter into other transactions on behalf of, or otherwise act for or bind, the compara. Granted to: JACQUE HUTTOE | ıy. |
| | b. No authority granted to: CHARLES HUTTOE | |
| Δ | JACQUE HUTTOE | |
| Signature of | horized representative Filing Fee: \$25.00 Typed or printed name of s | signature |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)