

L17000140604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

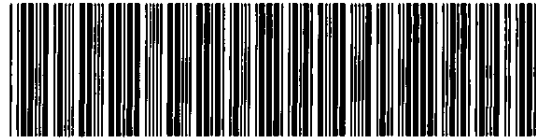
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF REVENUE  
17 JUN 30 PM 12:07  
DIVISION OF CORPORATIONS  
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17 JUN 30 AM 8:21

O SIMMONS  
JUL 03 2017

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AMAZON ROYAL HEALTH, LLC

Signature \_\_\_\_\_

Requested by: Seth

06/28/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

STATEMENT OF AUTHORITY  
OF  
AMAZON ROYAL HEALTH, LLC

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Pursuant to Section 605.0302, Florida Statutes, this limited liability company submits the following Statement Of Authority:

**FIRST:** The name of the limited liability company is:

AMAZON ROYAL HEALTH, LLC

**SECOND:** The street address and mailing address of the limited liability company's principal office is:

3501 Cattlemen Road, Suite B  
Sarasota, FL 34232

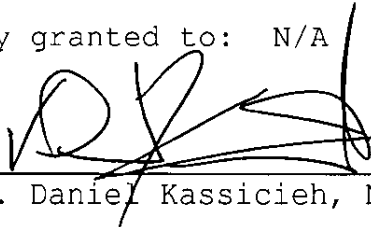
**THIRD:** This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

1. May execute an instrument transferring real property held in the name of the Company:

- a. Granted to: V. Daniel Kassicieh
- b. No authority granted to: N/A

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

- a. Granted to: V. Daniel Kassicieh
- b. No authority granted to: N/A

  
\_\_\_\_\_  
V. Daniel Kassicieh, Manager