

L17000 211508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

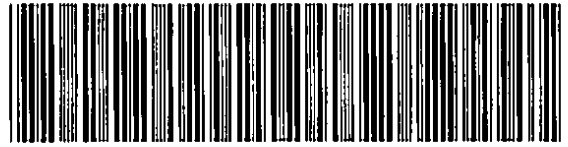
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2019 MAY 24 PM 2:48

C. GOLDEN

MAY 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chary Investment, 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:

Michelle Kirner

Name of Person

Distinctive Title Services

Firm/Company

12012 South Shore Blvd #102

Address

Wellington FL 33414

City/State and Zip Code

MKirner@Distinctivtitle.com

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

For further information concerning this matter, please call:

Michelle Kirner at (561) 515-0832

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2019

MICHELLE KIRNER
12012 SOUTH SHORE BLVD. #102
WELLINGTON, FL 33414

SUBJECT: CHARY INVESTMENT, LLC
Ref. Number: L17000211508

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00008884

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: Chary Investment, LLC
a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L17000211508

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

8393 Grove Rd
Fort Myers FL 33967

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

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: Jacqueline Wyatt

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: _____

b. No authority granted to: _____

Gladys Moreno Melser
Signature of authorized representative

Gladys Moreno Melser
Typed or printed name of signature

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

2019 MAY 29 PM 2:48

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