Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HOLBROOK, AKEL, COLD, RAY & REICHAR P.A.

Account Number : 120020000128 Phone : (904)356-6311 Fax Number : (904)356-7330

\*\*Enter the email address for this business entity to be used for .futur annual report mailings. Enter only one email address please.

Email Address: Joecat1960@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOPEZ & FAMILY ENTERPRISES, LLC

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EXAMINER

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## STATEMENT OF AUTHORITY

authority		ng staten	nent of	
FIRST:	The name of the limited liability company is: DO IT RIGHT TOWING, LLC			_
SECON	D: The Florida Document Number of the limited liability company is:			- -
	: The street address of the limited liability company's principal office is: 4747 PIRATES COVE ROAD, JACKSONVILLE, FL 32210			
	The mailing address of the limited liability company's principal office is: 4747 PIRATES COVE ROAD, JACKSONVILLE, FL 32210			
position	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to: JOE C. TURNER, JR. signing alone	r to a sp	2018 DEC 18	
	b. No authority granted to: no other person	CHORNEL CONTROL	AM II: 13	Ċ
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa  a. Granted to: JOE C. TURNER, JR. signing alone  1. Signing alone  1. Signing alone  2. Signing alone  3. Signing alone	ny.		
	b. No authority granted to: no other person			
2.S	EDWARD C. AKEL  g of authorized representative  Typed or printed name of	signaturo	<del></del>	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)