

LI80000 28665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 07 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUTURE INVESTMENT SOLUTIONS, 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:

ERIKA BERNAL

Name of Person

FUTURE INVESTMENT SOLUTIONS LLC

Firm/Company

31443 CHATTERLY DR

Address

ZEPHYRHILLS, FL 33543

City/State and Zip Code

erikabernalrealestate@gmail.com

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

For further information concerning this matter, please call:

ERIKA BERNAL
_____, at (813) 326-7922
Name of Person 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: FUTURE INVESTMENT SOLUTIONS, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000028665

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

31443 CHATTERLY DR

ZEPHYRHILLS, FL 33543

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

31443 CHATTERLY DR

ZEPHYRHILLS, FL 33543

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: MARTHA LOPEZ

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: MARTHA LOPEZ

b. No authority granted to: _____

Martha Lopez
Signature of authorized representative

MARTHA LOPEZ

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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