

L18060222062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

OCT 27 2018

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheryl and John Clark, 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:

Kurt D. Zimmerman

Name of Person

Zimmerman & Associates, P.A.

Firm/Company

2400 E. Commercial Blvd, Suite 820

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

kurt@zimmermanlaw.com

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

For further information concerning this matter, please call:

Kurt D. Zimmerman

954

202-7440

at ()

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

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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: Sheryl and John Clark, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000222062

THIRD: The street address of the limited liability company's principal office is:
16573 Fleur De Lis Way, Delray Beach, FL 33446

The mailing address of the limited liability company's principal office is:
16573 Fleur De Lis Way, Delray Beach, FL 33446

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: Sheryl Clark
- 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: Sheryl Clark
- b. No authority granted to: _____

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TALLAHASSEE, FLORIDA

DocuSigned by:
Sheryl Clark
2070049E1856479

Signature of authorized representative

Sheryl Clark
Typed or printed name of signature

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