L190000 45340

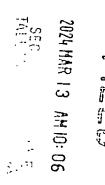
(Req	uestor's Name)	
(Add	ress)	
	ress)	
(City,	/State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
W	Mills	

Office Use Only



600425583656

03/13/24--0!005--810 **50.00



:OT,

Registration Section Division of Corporations

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:

Peter M. Starling
Name of Person Harling Law P.A. 599 944 St. W. #207 Nap Les Fa 34/02 City/State and Zip Code

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

For further information concerning this matter, please call:

Ys Mc Sfarling at Area Code

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

authority:	Statutes, this limited liability company submits th	-
FIRST: The name of the limited liabilit	y company is: Burn koy Copital	, LLC
SECOND: The Florida Document Num	aber of the limited liability company is: 2/9	0000 45340
THIRD: The street address of the limite	ed liability company's principal office is: Shaof N- H307 34102	
599 9th St.	nited liability company's principal office is: 24 N. #207 3410:2	
position of a person in a company, whetl person on the following: 1. May execute an instrument	grants or sets limitations of authority on all person her as a member, transferee, manager, officer or of transferring real property held in the name of the Starting	herwise or to a specific ω
b. No authority gran	<i>l</i> ,	
2. May enter into other transf	actions on behalf of, or otherwise act for or bind, the Kiz M. Stavling Boland Hawber	he company.
b. No authority gran	ted to:	
Signature of authorized representative	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ther Pres 1 Sys I name of signature Beculty In Mar

CR2E138 (2/14)