

LP9000071410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

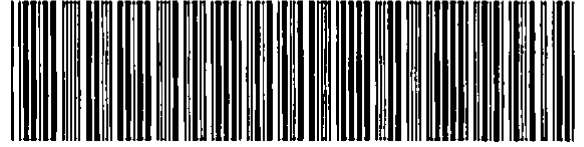
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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2019 APR - 1 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FL 32301

T.G.
04/13/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSTA INSURANCE 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:

NICHOLAS J KLEMP

Name of Person

Firm/Company

150 E BLOOMINGDALE AVE

Address

BRANDON, FL 33511

City/State and Zip Code

nick@jminsurancergroup.com

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

For further information concerning this matter, please call:

Gabriella Perez/Dewitt Law

Name of Person

813

Area Code

251 2701

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

APPROVED
AND
FILED
2019 APR - 1 AM 10:28
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: INSTA INSURANCE SOLUTIONS LLC

SECOND: The Florida Document Number of the limited liability company is: L19000071410

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

150 E BLOOMINGDALE AVE

BRANDON, FL 33511

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

150 E BLOOMINGDALE AVE

BRANDON, FL 33511

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.

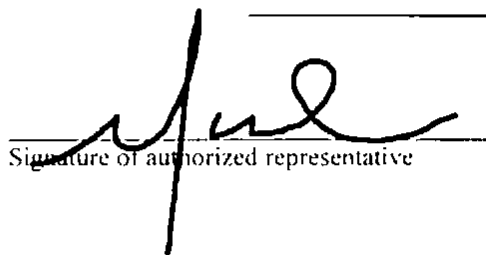
a. Granted to: Charles Rountree

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: Charles Rountree

b. No authority granted to: _____


Signature of authorized representative

Nicholas J Klemp
Typed or printed name of signature

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

2019 APR - 1 AM 10:28
FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA
NORTH DALLAS COUNTY

APPROVED
AND
FILED