

L190000 89908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

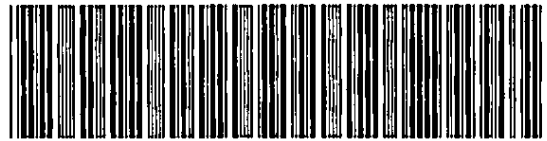
(Business Entity Name)

(Document Number)

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2020 MAY 18 AM 6:43

CLERK OF SUPERIOR COURT  
ALABAMA

JUN 08 2020

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Comprehensive Natural Healthcare, 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:

Sarah I Lindsey

Name of Person

Comprehensive Natural Healthcare

Firm/Company

136 N Orchard St. Suite 3

Address

Ormond Beach, FL 32174

City/State and Zip Code

drsarahlindsey@gmail.com

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

For further information concerning this matter, please call:

Sarah Lindsey

386

222-2845

at ( )

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: Comprehensive Natural Healthcare, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L19000089908

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

136 N Orchard St

Suite 3

Ormond Beach, FL 32174

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

192 Midway Ave

Ormond Beach, FL 32174

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**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.

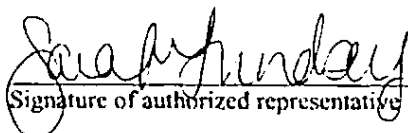
a. Granted to: Sarah I Lindsey

b. No authority granted to: Matthew E Lindsey

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Sarah I Lindsey

b. No authority granted to: Matthew E Lindsey

  
Signature of authorized representative

Sarah I Lindsey

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**