

L19 000 255 96Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

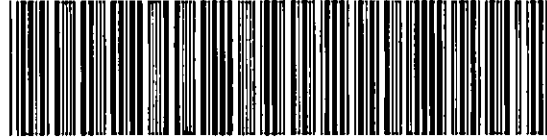
(Document Number)

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Certificates of Status \_\_\_\_\_

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2021 MAY 17 AM 7:08  
STATE OF ALABAMA

Sam Albritton

JUN 29 2021  
I ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARM Withholdings, 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:

Allan Garcia  
Name of Person

Firm/Company

712 Escambia Street  
Address

Immokalee, FL 34142  
City/State and Zip Code

allan@arbuildersofswflinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allan Garcia at (239) 675-8128  
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: ARM Withholdings, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000258962

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

712 Escambia Street  
Immokalee, FL 34142

The mailing address of the limited liability company's principal office is:  
712 Escambia Street  
Immokalee, FL 34142

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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.

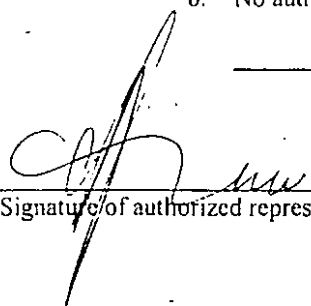
a. Granted to: Allan Garcia

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: Allan Garcia

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Allan Garcia  
\_\_\_\_\_  
Typed or printed name of signature

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