

L19 0000286C 330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

BREADFRUIT LANE LLC
SUBJECT: _____
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:

Lisa Stewart

Name of Person

Americas Title Corporation

Firm/Company

9000 Sheridan Street #114

Address

Pembroke Pines Florida 33024

City/State and Zip Code

jude1114@hotmail.com

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

For further information concerning this matter, please call:

Lisa Stewart

954

471-6921

at (_____)

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: Breadfruit Lane LLC

SECOND: The Florida Document Number of the limited liability company is: L19000280330

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

693 SW 168 Terrace

Pembroke Pines FL 33027

Digitized by srujanika@gmail.com

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

693 SW 168 Terrace

Pembroke Pines FL 33027

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:

- I. May execute an instrument transferring real property held in the name of the company.

a. Granted to: **Judith Ranglin**

b. No authority granted to:

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

3. Granted to: Judith Ranglin

b. No authority granted to:

Signature of authorized representative

Veronica Allen

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)