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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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04/27/20--01015--007 **25.00

20 APR 27 PM 2:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Review of Enterprise Work LLC
Name of Limited Liability Company

20 APR 27 PM 2:21

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph E. Seagle

Name of Person

Joseph E. Seagle, P.A.

Firm/Company

924 W Colonial Dr

Address

Orlando, FL 32804

City/State and Zip Code

joe@seaglelaw.com

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

For further information concerning this matter, please call:

Joseph E Seagle

407

373-7451

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: Central Review of Enterprise Work LLC

SECOND: The Florida Document Number of the limited liability company is: 119000283913

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

924 W Colonial Dr

Orlando, FL 32804

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

924 W Colonial Dr

Orlando, FL 32804

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.

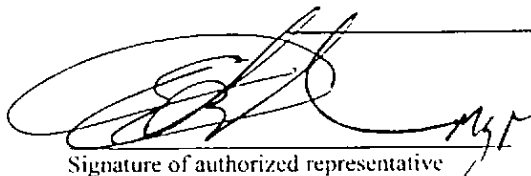
a. Granted to: _____

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 Bell

b. No authority granted to: _____


Signature of authorized representative

Joseph E. Seagle, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)