

LI 9000 297456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

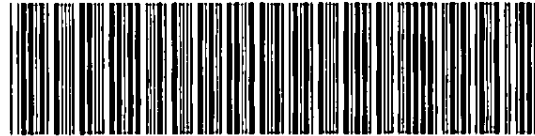
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

10-27-2020

TO: Registration Section
Division of Corporations

SUBJECT: CC SAFFOLD FARMS, 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:

RON CARPENTER

Name of Person

CC SAFFOLD FARMS, LLC

Firm/Company

142 W. PLATT ST.; SUITE 116

Address

TAMPA, FL 33606

City/State and Zip Code

RON@CARPENTERCOFL.COM

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

For further information concerning this matter, please call:

RON CARPENTER

Name of Person

813

Area Code

323.3330

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: CC SAFFOLD FARMS, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000297456

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

142 W. PLATT ST.

SUITE 116

TAMPA, FL 33606

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

142 W. PLATT ST.

SUITE 116

TAMPA, FL 33606

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.

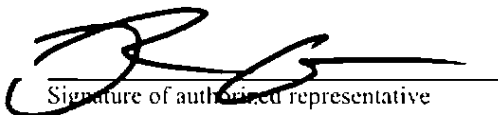
a. Granted to: NICHOLAS J. DISTER

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: NICHOLAS J. DISTER

b. No authority granted to: _____


Signature of authorized representative

RON CARPENTER

Typed or printed name of signature

Filing Fee: **\$25.00**

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