

L19000299012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

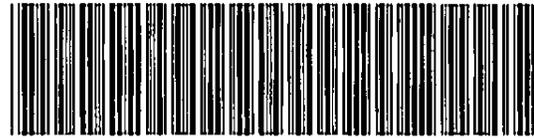
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
MAR 10 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Benecki Origins, 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:

Billy Creswell

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

156 Beacon Point Drive

\_\_\_\_\_  
Address

Santa Rosa Beach, FL 32459

\_\_\_\_\_  
City/State and Zip Code

bfcreswell@gmail.com

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

For further information concerning this matter, please call:

Billy Creswell

850

896-5645

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: Beneckl Origins, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000299012

THIRD: The street address of the limited liability company's principal office is:  
425 Peachtree Hills Avenue NE  
Building 5, Suite 29C  
Atlanta, GA 30305

The mailing address of the limited liability company's principal office is:  
425 Peachtree Hills Avenue NE  
Building 5, Suite 29C  
Atlanta, GA 30305

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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: \_\_\_\_\_  
\_\_\_\_\_

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: Jeff Mitchell, solely relating to this Company's rights and responsibilities as a member of Elysee Property Owner's Association, Inc., including but not limited to voting and service on the Board of Directors.

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

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

JEFF MITCHELL  
Typed or printed name of signature

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