

L19 000 300 339

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

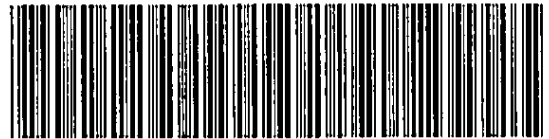
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 JAN 30 AM 7:39

FILED

FEB 28 2020

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Canady Estates, 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:

Sean C. Canady

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

Canady Estates, LLC

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

PO Box 5715

\_\_\_\_\_  
Address

Gainesville, FL 32627

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

canadyestates1@gmail.com

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

For further information concerning this matter, please call:

Sean Canady

352  
\_\_\_\_\_  
at ( )

870-8098

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF AUTHORITY**  
**CANADY ESTATES, LLC**

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: CANADY ESTATES, LLC

SECOND: The Florida Document Number of the limited liability company is:  
L19000300339.

THIRD: The street address of the limited liability company's principal office is: 2125 NE 7<sup>th</sup> Terrace, Gainesville, Florida 32609. The mailing address of the limited liability company is: P.O. Box 5715, Gainesville, Florida 32627.

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:

Sean C. Canady, Authorized Member  
P.O. Box 5715, Gainesville, Florida 32627

b. No authority granted to:

N/A

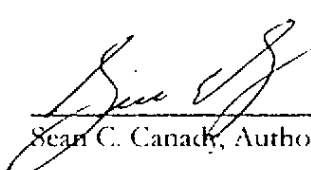
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to:

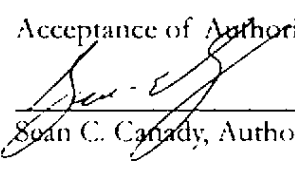
Sean C. Canady, Authorized Member  
P.O. Box 5715, Gainesville, Florida 32627

b. No authority granted to:

N/A

  
\_\_\_\_\_  
Sean C. Canady, Authorized Member

Acceptance of Authority:

  
\_\_\_\_\_  
Sean C. Canady, Authorized Member

**FILED**  
**2020 JAN 30 AM 7:39**  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA