

119000301381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FEB 17 2021  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Affordable Rental Company of Pinellas, 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:

Kim Payne  
Name of Person

Affordable Rental Company of Pinellas, LLC  
Firm/Company

702 Karlyn Drive  
Address

Clearwater FL 33755  
City/State and Zip Code

PayneKim19@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Payne at ( 727 ) 243-1334  
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: Affordable Rental  
Company of Pinellas, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000301381

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

702 Karlyn Drive  
Clearwater, FL 33755

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

702 Karlyn Drive  
Clearwater, FL 33755

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.

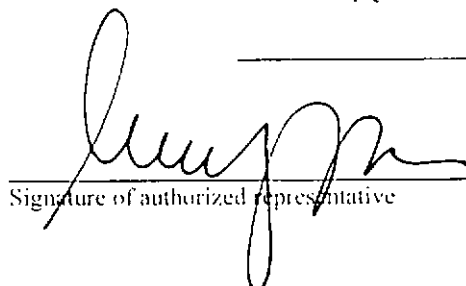
a. Granted to: Jason P. Toms

b. No authority granted to: Keith Ringelspaugh

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

a. Granted to: Jason P. Toms

b. No authority granted to: Keith Ringelspaugh

  
Signature of authorized representative

Kim Payne  
Typed or printed name of signature

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

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