

1/6/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000004836 3)))



H200000048363ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jen@services198.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHESTER C. FOSGATE COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000004836 3)))

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: _____
Chester C. Fosgate Company, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000305374

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

3333 S. Orange Avenue, Suite 200

Orlando, FL 32806-8500

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

P.O. Box 568821

Orlando, FL 32856-8821

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: Daryl M. Carter

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: Daryl M. Carter

b. No authority granted to: _____


 Signature of authorized representative

James W. Poitras

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
 2020 JAN -6 AM 10:03
 TALLAHASSEE
 SECRETARY OF STATE