

L19 000 305 387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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2020 MAY 26 AM 6:37

JUN 13 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESSENTIAL PLACES 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:

MARIA C. CHAEL

Name of Person

ESSENTIAL PLACES LLC

Firm/Company

6227 SW 57TH STREET

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

michael@chaelcooper.com

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

For further information concerning this matter, please call:

MARIA C. CHAEL

305

803-7331

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: ESSENTIAL PLACES LLC

SECOND: The Florida Document Number of the limited liability company is: L19000305387

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

6227 SW 57TH STREET

SOUTH MIAMI, FL 33143

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

6227 SW 57TH STREET

SOUTH MIAMI, FL 33143

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.

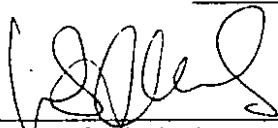
a. Granted to: MARIA C. CHAEL
and VICTOR B. DOVER

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: MARIA C. CHAEL
and VICTOR B. DOVER

b. No authority granted to: _____



Signature of authorized representative

MARIA C. CHAEL

Typed or printed name of signature

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

2020 MAY 26 AM 6:37

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