

L20000006907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

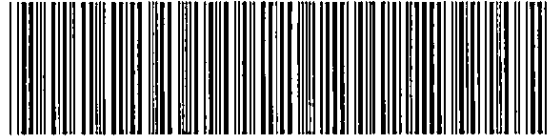
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 JAN 14 AM 11:30 JAN 14 PM 12:19
SECURITY DIVISION
TAMPA, FL 33602

Y. SULKER

JAN 15 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HEALING ARTS MEDICINE, LLC

Signature _____

Requested by: BA

1/14/20

Name

Date

Time

Walk-In

Will Pick Up

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
✓ _____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
✓ _____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

2020 JAN 14 PM 12:07

STATEMENT OF AUTHORITY
OF
HEALING ARTS MEDICINE, LLC

Pursuant to Section 605.0302, Florida Statutes, this limited liability company submits the following Statement Of Authority:

FIRST: The name of the limited liability company is:

HEALING ARTS MEDICINE, LLC

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

655 Cypress Road
Vero Beach, FL 32963

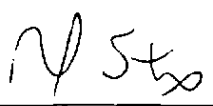
THIRD: This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

1. May execute an instrument transferring property held in the name of the Company:

- a. Granted to: Raul E. Storey
- 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: Raul E. Storey
- b. No authority granted to: N/A



Raul E. Storey, Manager