

L200000014164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Handwritten signature*

SEP 10 2021

ALBRITTON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 9/9 DANNY

**CERTIFIED COPY**

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**XX FILING**

**STATEMENT OF AUTHORITY**

**1. FMR FLORIDA, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FMR FLORIDA, 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:

David R. Roy

Name of Person

David R. Roy, P.A.

Firm/Company

4209 N. Federal Hwy.

Address

Pompano Beach, FL 33064

City/State and Zip Code

flav\_346@yahoo.com

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

For further information concerning this matter, please call:

David R. Roy

954

784-2961

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: FMR FLORIDA, LLC

SECOND: The Florida Document Number of the limited liability company is: L200000014164

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

212 E. Hillsboro Blvd., #150

Deerfield Beach, FL 33441

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

212 E. Hillsboro Blvd., #150

Deerfield Beach, FL 33441

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.

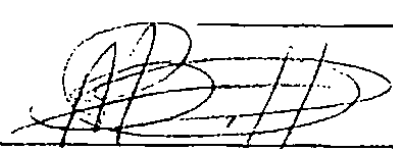
a. Granted to: \_\_\_\_\_

b. No authority granted to: Diana Davila

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

a. Granted to: Diana Davila

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Monair Raby

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

2022 SEP -9 AM 9:09