

120 0000 41179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

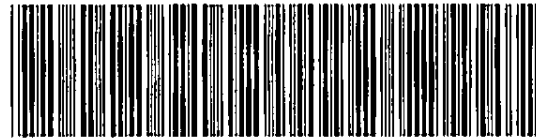
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERNELL 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:

LYNN B AUST, ESQ.
Name of Person

AUST LAW FIRM
Firm/Company

1220 E LININGTON ST
Address

ORLANDO FL 32803
City/State and Zip Code

doveattorney@austlaw.biz; lynn@mimsconstruction.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN AUST at (407) 447-5399
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

I, LYNDELL MIMS, sole Authorized Member for VERNELL, LLC (hereinafter "Company"), with the principal and mailing address of 1818 Mulberrywood Court, Orlando, FL 32818, state the authority granted for the following person and position:

1. LYNDELL MIMS, sole Authorized Member of the Company, has the sole and absolute authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of 8th day of November 2021.


LYNDELL MIMS, Authorized Member

2021/11/15 PM 2:15

This Statement of Authority prepared by:
Aust Law Firm
1220 E. Livingston St.
Orlando, FL 32803
407-447-5399