## 120000 60481

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

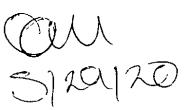




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FILED
2020 MAY -8 PM 5: 33



## COVER LETTER

TO: Registration Section Division of Corporations	:
ZERO 260 VENTURES LLC	
SUBJECT: Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Jason M. Wilkus	
Name of Person	18.1
ZERO 260 VENTURES LLC	
Firm/Company	
1604 Northeast 38th St.	
Address	<del></del>
Ocala, F1, 34479	
City/State and Zip Code	
zero260ventures@gmail.com	
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matter, pleas	se call:
Jason M. Wilkus	352 at ( )
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

authority:				nability company submits the to	Č	in Oi
FIRST:	The name o	of the limited liabilit	ty company is: ZERO	260 VENTURES LLC		
SECONI	): The Flor	rida Document Nur	nber of the limited liab	oility company is:	I	
		address of the limit least 38th St.	ed liability company's	principal office is:	S. TAL	20;
- -	Ocala, FL ?	34479		-,	CRE IA	20 MAY -
-		ng address of the lir least 38th St.		y's principal office is:		·8 PM 5: 33
-	Ocala, FL 3	34479				ယ္ထ
person on	the follow	ing: (ecute an instrument	t transferring real prop	eferce, manager, officer or other operty held in the name of the con	·	itic
	b.	No authority gran	ted to:			
:	2. May e a.			or otherwise act for or bind, the c	company.	
	b.	No authority gran	ted to:			
Jas	1-01 V	n Wilher		Jason M. Wilkus		
Signature	of authoriz	zed representative	Filing Fee: Certified Copy:	Typed or printed nar \$25.00 \$30.00 (optional)	me of signature	_