

120000072091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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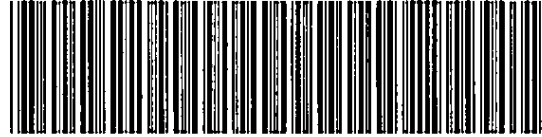
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 FEB -3 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/22/21

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Greater Vision Investment Group 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:

Vernet Stallworth

\_\_\_\_\_  
Name of Person

Greater Vision Investment Group LLC

\_\_\_\_\_  
Firm/Company

485 N Keller Rd, Suite 101

\_\_\_\_\_  
Address

Maitland, FL 32751

\_\_\_\_\_  
City/State and Zip Code

info@gvhcs.com

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

For further information concerning this matter, please call:

Chevon Stallworth

407

461-7762

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: Greater Vision Investment Group LLC

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SECRETARY OF STATE  
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L20000072091

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

485 N. KELLER RD - STE. 101

MAITLAND, FL 32751

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

PO BOX 918

OCOEE, FL 34761

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: Chevon Stallworth Vernet Decola Stallworth VS

b. No authority granted to: Makayla Holley, David Harp

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

a. Granted to: Chevon Stallworth, Vernet Decola Stallworth VS

b. No authority granted to: Makayla Holley, David Harp

Vernet Stallworth  
Signature of authorized representative

Vernet Stallworth  
Typed or printed name of signature

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

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Vernet Stallworth  
Signature of authorized representative

Vernet Stallworth  
Typed or printed name of signature

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