

L20 000099750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Statement
of
Authority

JUN 25 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fox & Iron a Hair Salon, 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:

Lindsay Stewart

Name of Person

Fox & Iron a Hair Salon, LLC

Firm/Company

1401 Greenbriar Parkway, Suite #4

Address


Gulf Breeze, Florida 32563

City/State and Zip Code

lstewart71443@gmail.com

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

For further information concerning this matter, please call:

Lindsay Stewart  at (940) 782-1174
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: Fox & Iron a Hair Salon, LLC

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

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

1401 Greenbriar Parkway, Suite #4

Gulf Breeze, Florida 32563

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

5321 Mountain Laurel Lane

Milton, Florida 32570

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: Lindsay Stewart

b. No authority granted to: _____

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

a. Granted to: Lindsay Stewart

b. No authority granted to: _____


Signature of authorized representative

LINDSAY M STEWART
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)