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(Requestor's Name) (Address)	400423427544
(Address) (City/State/Zip/Phone #)	0, 0,
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED 2024 FEB -7 PM 3: 31 Control PM 3:

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COVER LETTER

TO: **Registration Section** Division of Corporations LCSUBJECT: 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:

ame of Persor (**(** 0 6 City/State and Zip Code $\angle COM$ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at Davtime Telephone Number Name of Person

<u>Mailing Address:</u> 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

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CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: $(1 + 1)^{-1}$

Worth LLC FIRST: The name of the limited liability company is:

SECOND: The Florida Document Number of the limited fiability company is:

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

aselie

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

ane as Above

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.

r, Isish. a. Granted to:_ 2024 FEB b. No authority granted to: _ TO K بې 2. May enter into other transactions on behalf of, or otherwise act for or bind, the company Ś obhen a. Granted to : 0 b. No authority granted to: Stephen Villishop Typed or printed name of signature Itional) Sole Me-be-, WPH Signature of authorized representative \$25.00 Filing Fee: Certified Copy: \$30.00 (optional)