

L20000216079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

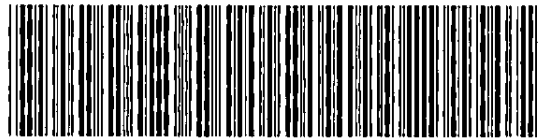
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMC US 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:

SA Smith Trustee  
Name of Person

Allen & Stein Trust  
Firm/Company

5337 N Soerum Loop # 158  
Address

Lakeland FL 33809  
City/State and Zip Code

TheTrusteeUS@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SA Smith, Trustee at (813) 703-0060  
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

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SECRETARY OF STATE

# 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: AUC US LLC

SECOND: The Florida Document Number of the limited liability company is: L20000216079

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

5337 N Socrum Loop No 158  
Lakeland FL 33809

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

Same 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

a. Granted to: SA Smith

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: SA Smith

b. No authority granted to: \_\_\_\_\_

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2024 JUN 28 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

SA Smith as Trustee for  
Signature of authorized representative  
Allen & Stein Trust

SA Smith as Trustee for  
Allen & Stein Trust  
Typed or printed name of signature

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