

L200000219402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

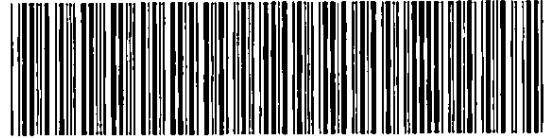
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2023 APR -3 PM 2:55
OFFICE OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES POIK LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES A CLEMENTS
Name of Person

CLEMENTS CPA GROUP PA
Firm/Company

60 Spring Vista Drive Suite A
Address

DeBary FL 32713
City/State and Zip Code

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

For further information concerning this matter, please call:

James Clements at (386) 753 1160
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: JAMES POLK LLC

SECOND: The Florida Document Number of the limited liability company is: L 20000219402

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

2441 SLEEPY OAK LN
DeLand FL 32720

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

2441 SLEEPY OAK LN
DeLand FL 32720

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: _____

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: JOE JEFFRIES

3859 TUCKS Point Winter Park FL 32792

b. No authority granted to: _____

Hussain Rawsi
Signature of authorized representative

HUSSAIN RAWSI
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)