

L20000224576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

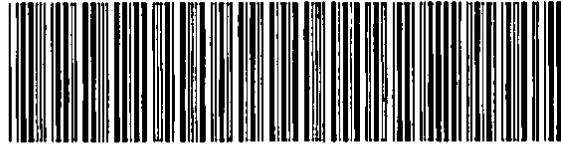
(Business Entity Name)

(Document Number)

ertified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700352446427

09/21/20--01013--019 **25.00

11/2/20

[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL PAIN AND SPINE CARE OF FLORIDA 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:

NEAL SHAH

Name of Person

TOTAL PAIN AND SPINE CARE OF FLORIDA LLC

Firm/Company

2310 NORTH BLVD W, SUITE A

Address

DAVENPORT, FL 33837

City/State and Zip Code

NSHAH44@GMAIL.COM

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

For further information concerning this matter, please call:

NEAL SHAH

330

204-1734

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: TOTAL PAIN AND SPINE CARE OF FLORIDA LLC

SECOND: The Florida Document Number of the limited liability company is: L20000224576

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

2310 NORTH BLVD W, SUITE A

DAVENPORT, FL 33837

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

2310 NORTH BLVD W, SUITE A

DAVENPORT, FL 33837

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: NEAL SHAH

b. No authority granted to: GERALD MASISAK

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

a. Granted to: NEAL SHAH

b. No authority granted to: GERALD MASISAK


Signature of authorized representative

NEAL SHAH

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)