

L20000 ZHH 080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

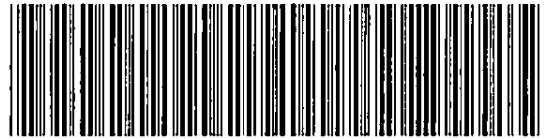
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/2024-01021--173 **P.O.B.

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2024 MAR -4 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMKS 23, 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:

SHAWN LYNCH

Name of Person

SMKS 23, LLC

Firm/Company

551 SEAPINE CIRCLE

Address

PENSACOLA, FL 32506

City/State and Zip Code

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

For further information concerning this matter, please call:



Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FL

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: SMKS 23, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000244080

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

551 SEAPINE CIRCLE

PENSACOLA, FL 32506

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

PO BOX 9574

PENSACOLA, FL 32503

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: SHAWN LYNCH - MANAGER

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: SHAWN LYNCH - MANAGER

b. No authority granted to: _____



Signature of authorized representative

SHAWN LYNCH

Typed or printed name of signature

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

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2024 MAR -1, PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FL

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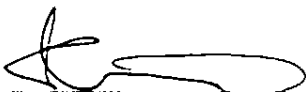
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b. No authority granted to: _____



Signature of authorized representative

SHAWN LYNCH

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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