

L20000257602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

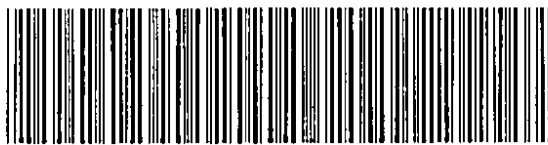
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/24/20--01002--001 **55.00

SEP 23 PM 3:10

SEP 23 PM 3:51

C. GOLDEN

SEP 24 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. 407 Jupiter Ave LLC L20000257602
Name Document Number (if known)

x Walk in _____ Will wait

X Certified Copy of:

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ Limited Liability
_____ Domestication
_____ INC
_____ OTHER

AMENDMENTS

_____ Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Merger

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
X Statement of Authority

_____ APOSTIL

_____ COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign
_____ Limited Partnership
_____ Reinstatement

_____ Trademark
_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 407 Jupiter Ave 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.

Christopher Torchia, Esq.

Name of Person

Torchia Law Firm P.A.

Firm Company

522 S Hunt Club Blvd PMB 326

Address

Apopka, FL 32703-4960

City State and Zip Code

torchialawfirm@aol.com

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

For further information concerning this matter, please call.

Christopher Torchia

407

869-1004

Name of Person

at (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: 407 Jupiter Ave LLC 7/23/2020 3:51

SECOND: The Florida Document Number of the limited liability company is: 120000257602

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

407 S. Jupiter Ave

Clearwater, FL 33755

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

10524 Moss Park Rd

Suite 204-260

Orlando, FL 32832

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: Myron McNeil and Duamel Vellon

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: Myron McNeil and Duamel Vellon

b. No authority granted to: _____

Myron McNeil 9/23/2020
Signature of authorized representative

Myron McNeil
Typed or printed name of signature

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