

L200000322937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

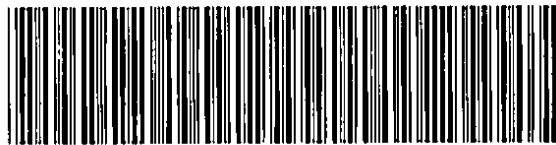
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200394488552

Statement of Authority

09/22/22--01006--001 **25.00

RECEIVED

2022 SEP 22 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 SEP 22 AM 8:16

A. RAMSEY

SEP 22 2022

COVER LETTER

TO: Registration Section
Division of Corporations

PERFECT PARTS OF OCALA, LLC

SUBJECT: _____
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:

JOAQUIN A LIZARDO

Name of Person

PERFECT PARTS OF OCALA, LLC

Firm/Company

231 NE 28TH AVE, APT 409

Address

OCALA, FL 34470

City/State and Zip Code

LAURIE.LIZARDO@GMAIL.COM

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

For further information concerning this matter, please call:

LAURIE LANPHEAR

407

773-6869

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:

PERFECT PARTS OF OCALA, LLC

FIRST: The name of the limited liability company is: _____

L20000322937

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

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

231 NE 28TH AVE, APT 409

OCALA, FL 34470

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

231 NE 28TH AVE, APT 409

OCALA, FL 34470

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.

JOAQUIN A LIZARDO

- a. Granted to: _____

EINSTEN M ROCA

- b. No authority granted to: _____

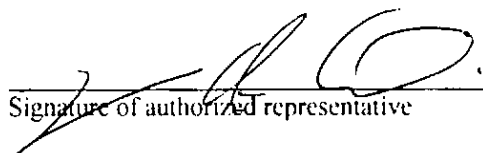
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

JOAQUIN A LIZARDO

- a. Granted to: _____

EINSTEN M ROCA

- b. No authority granted to: _____


Signature of authorized representative

JOAQUIN A LIZARDO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)