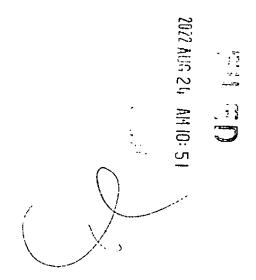
## L21000035032

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Special Instructions to Filing Officer:				

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## COVER LETTER

SUBJECT:  A/C Tech Holdings, LLC  Name of Limited L  Dear Sir or Madam:  The enclosed Statement of Authority and fee(s) are submitted to the s	ed for filing.				
Name of Limited L  Dear Sir or Madam:  The enclosed Statement of Authority and fee(s) are submitted to the submitted to the statement of Authority and fee(s) are submitted to the submitted to	ed for filing.				
The enclosed Statement of Authority and fee(s) are submitted. Please return all correspondence concerning this matter to t	_	:			
Please return all correspondence concerning this matter to t	_	:			
	he following	:			
Luca Di Nunzio					
Name of Person				2022	
Dorcey Law Firm				2022 AUG 24	, –
Firm/Company			:	24	•••
10181 Six Mile Cypress Pkwy, Suite C			Ć	MH 10: 51	ر انور
Address			 		140
Fort Myers, FL 33966				_	
City/State and Zip Code					
support@dlfregisteredagent.com					
E-mail address: (to be used for future annual repor	rt notification	1)			
For further information concerning this matter, please call:					
Luca Di Nunzio	239	308-1073			
Name of Person	Area Code	) Daytime Telepl	hone Number		

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

NAME OF LLC: A/C TECH HOLDINGS, LLC

FLORIDA LLC DOCUMENT NUMBER: L21000035032

PRINCIPAL OFFICE ADDRESS: 300 Leonard Blvd North, Unit 7, Lehigh Acres, Florida 33975

MAILING ADDRESS (if different): 300 Leonard Blvd North, Unit 7, Lehigh Acres, Florida 33975

MANAGER: Ubiely Rivero

Below is the authority given to Ubiely Rivero, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

X	All Authorization to act on behalf of the LLC, including but not limited to the Options
Listed	Below (Unlimited Authority).
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property
Ownec	by the LLC.
	He/She has Authority to Purchase Property in the Name of the LLC.
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Rea
Proper	ty.
	He/She has authority to Open Bank Account(s) in Name of the LLC.
	He/She has authority to Close Bank Account(s) Owned by the LLC.
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards
and/or	other instruments of payment on behalf of the LLC.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal
Proper	ty (Ex: Vehicles/Equipment).

	He/She has authority to Enter into Contract(s) for the Purchase of Persona	l Duaman	4 (E					
	eles/Equipment).	Froper	ty (Ex:	•				
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies	:						
	He/She has authority to Enter into Contract(s) for the Purchase of Material							
	He/She has authority to Enter into Contract(s) for the Purchase of Merchan	. ,						
	He/She has authority to Enter into Contract(s) for the Purchase of Services							
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.							
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).							
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.							
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's So		.150.					
	He/She has authority to Enter into and maintain Contract(s) for Insurance		s on					
behalt	f of the LLC.	301 11000	, 011					
	He/She has authority to File Annual Reports with State of Florida.							
	He/She has authority to Amend Annual Reports with State of Florida.							
	He/She has authority to File Statement of Authority(s) with State of Florida.							
Florid								
	He/She has authority to Amend Articles of Organization.							
If mo	re space was needed, a separate sheet(s) of paper will be attached to the back	of this	form.					
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By: <i>≨</i>	THERCUL!	<u>57:</u> :	A	; ; }				
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Print l	Name: Hexondal X-od nguez		51					
Title:	President.							