

h21000080719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

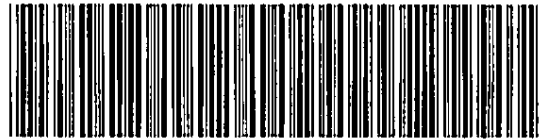
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healing Corner & Co 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:

Maria G. Gutierrez, Esq.
Name of Person

Carlos J. Villanueva, P.A.
Firm/Company

8950 SW 74th CT Suite 2249
Address

Miami, FL 33156
City/State and Zip Code

mariag@unaley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Caballero at (305) 496-2000
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: HEALING CORNER & CO LLC

SECOND: The Florida Document Number of the limited liability company is: L21000080719

THIRD: The street address of the limited liability company's principal office is:
9835 Sunset Drive Suite 102
Miami, FL 33173

The mailing address of the limited liability company's principal office is:
9835 Sunset Drive Suite 102
Miami, FL 33173

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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:
b. No authority granted to: BODY GLAM BY MERCY CORP
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to :
b. No authority granted to: BODY GLAM BY MERCY CORP

DocuSigned by: MICHELLE CABALLERO
Signature of authorized representative

Michelle Caballero
Typed or printed name of signature

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