

L210000094127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

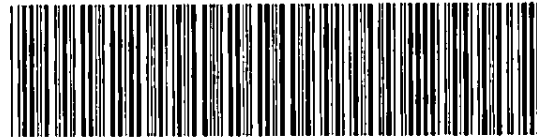
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2022 APR 26 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR 26 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FL 0800

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 4/26/22

****WALK IN****

ENTITY NAME HEM-ONC PROPERTIES II LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Heyward

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEM-ONC PROPERTIES II 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:

STEWART M. McGOUGH, ESQ.

Name of Person

SCOLARO FETTER GRIZANTI & McGOUGH, P.C.

Firm/Company

507 PLUM ST., STE. 300

Address

SYRACUSE, NY 13204

City/State and Zip Code

mholt@scolaro.com

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

For further information concerning this matter, please call:

Stewart M. McGough, Esq.

at (315) 471-8111

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: HEM-ONC PROPERTIES II LLC

SECOND: The Florida Document Number of the limited liability company is: L21000094127

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

1871 SE TIFFANY AVENUE

SUITE 100

PORT SAINT LUCIE, FL 34952

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

1871 SE TIFFANY AVENUE

SUITE 100

PORT SAINT LUCIE, FL 34952

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: Heather Yeckes-Rodin, M.D.

b. No authority granted to: ALL OTHER MEMBERS

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

a. Granted to: Heather Yeckes-Rodin, M.D.

b. No authority granted to: ALL OTHER MEMBERS

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TALLAHASSEE, FL


Signature of authorized representative

Heather Yeckes-Rodin
Typed or printed name of signature

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