

L21000 119715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

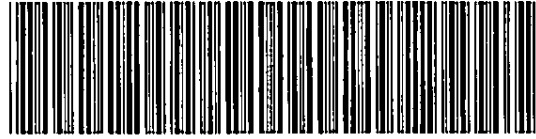
(Business Entity Name)

(Document Number)

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2022 FEB -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 17 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5051 Memorial 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:

Kevin Boyd

Name of Person

5051 Memorial LLC

Firm/Company

207 North Trask Street

Address

Tampa, Florida 33609

City/State and Zip Code

kevinlukeboyd@aol.com

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

For further information concerning this matter, please call:

Kevin Boyd at (813) 9925765

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: 5051 Memorial LLC

SECOND: The Florida Document Number of the limited liability company is: L21000119717

THIRD: The street address of the limited liability company's principal office is: 207 North Trask Street, Tampa, Florida 33609

The mailing address of the limited liability company's principal office is: 207 North Trask Street, Tampa, Florida 33609

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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: Gabriel Molinet

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: Gabriel Molinet

b. No authority granted to:

Signature of authorized representative (Handwritten signature)

Kevin Boyd Typed or printed name of signature

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