

K21000143243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

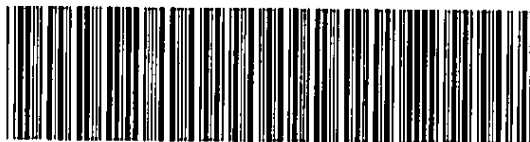
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG - 4 2021
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLUB FITNESS NAPLES 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:

AMY L. CARLISLE

Name of Person

CLUB FITNESS NAPLES LLC

Firm/Company

80 WILSON BLVD SOUTH STE #2

Address

NAPLES FL 34117

City/State and Zip Code

wilsonplazamgt@gmail.com

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

For further information concerning this matter, please call:

SILVANA RIBEIRO

(954)

865-9722

at (_____) _____

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: CLUB FITNESS NAPLES LLC

SECOND: The Florida Document Number of the limited liability company is: 1.21000143243

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

80 WILSON BLVD SOUTH STE #2

NAPLES, FL 34117

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

80 WILSON BLVD SOUTH STE #2

NAPLES, FL 34117

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TALLAHASSEE, FL

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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.

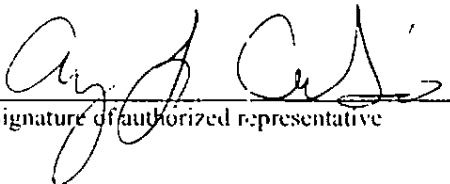
a. Granted to: SILVANA RIBEIRO, wilsonplazamgt@gmail.com
(954)865-9722

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: SILVANA RIBEIRO, wilsonplazamgt@gmail.com
954)865-9722

b. No authority granted to: _____


Signature of authorized representative

AMY L CARLISLE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)