

K21000264892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Nutrition PO 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:

Jamie Johnston

Name of Person

Coastal Nutrition PO LLC

Firm/Company

805 South Glencoe Rd.

Address

New Smyrna Beach FL, 32168

City/State and Zip Code

jamie_stevenson23@yahoo.com

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

For further information concerning this matter, please call:

Jamie Johnston

386

290-4545

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: Coastal Nutrition PO LLC

SECOND: The Florida Document Number of the limited liability company is: L21000264892

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

4064 South Ridgewood Ave.

Port Orange FL, 32127

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

4064 South Ridgewood Ave.

Port Orange FL, 32127

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.

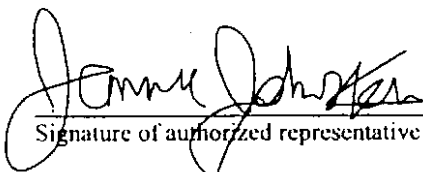
a. Granted to: Jamie Johnston
Ryan Johnston

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: Jamie Johnston
Ryan Johnston

b. No authority granted to: _____


Signature of authorized representative

Jamie Johnston

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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