

121000265621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

2021 AUG 13 10:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Page One Services 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:

Lorane C Henry

Name of Person

Page One Services LLC

Firm/Company

1121 Homestead Rd N #276

Address

Lchigh Acres Florida 33936

City/State and Zip Code

loranhenry@gmail.com

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

For further information concerning this matter, please call:

Lorane Henry

239

887-9346

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: Page One Services

SECOND: The Florida Document Number of the limited liability company is: L21000265621

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

1121 Homestead Rd N #276

Lehigh Acres

FL 33936

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

1121 Homestead Rd N #276

Lehigh Acres

FL 33936

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: Lorane Henry

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: Lorane Henry

b. No authority granted to: _____


Signature of authorized representative

Lorane Henry

Typed or printed name of signature

Filing Fee: **\$25.00**

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

CLERK OF STATE
JULIE A. ROSS, CLERK
TALLAHASSEE, FL

2021 AUG -9 AM 9:53

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