Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECO CARE LLC

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October 16, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

ECO CARE LLC 9726 167TH PLACE N. JUPITER, FL 33478US

SUBJECT: ECO CARE LLC REF: L21000335558

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Irene Albritton
Regulatory Specialist III

H210003841913

COVERLETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: ECO CARE LLC Name	e of Limited Liability Company
Dear	Sir or Madam:	
The c	nclosed Statement of Authority and fo	fee(s) are submitted for filing.
Pleas	eretum all correspondence concernin	ng this matter to the following:
<u>Eric J</u>	Neuman, Esq. Name of Person	
Shutt	s & Bowen, LLP Firm/Company	
<u>525 (</u>	Okeechobee Bouleverd, Suite 1100 Address	
West	Palm Beach, FL 33401 City, State and Zip (Code
<u>enenj</u> Emai	nan <u>@dputs.com</u> Laddress (to be used for futuro annual	ıl report notification)
For fi	irther information concerning this ma	atter, please call:
<u>Eric</u>	Neuman, Esq Name of Person	at (561) 650-8516 Daytime Telephone Numae
	Mailing Address:	Street Address:
	Registration Section Division of Corporations P.O. Box 6327 Talkhassee, Ft. 32314	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32302

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1)(b)(2), Florida Statutes, this limited liability company submits the following Statement of Authority:

ITEST: The name of the limited liability company is: ECO CARE LLC (the "Company")

SECOND: The Florida Document Number of the Company is: L21000335558.

THIRD: The street address of the Company's mincipal office is:

9726 167th Place N.

Jupiter, FL 33478 (US)

The mailing address of the Company's principal office is:

9726 157th Place N.

Jupiter, F1, 33478 (US)

FOURTH: This Statement of Authority grants or sets limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise or to a specific person with respect to the following:

- May execute an instrument transferring real property held in the name of the Company:
 - a. Granted to: HEL A MORRIS
 - b. No authority granted to: KOGINKA K, XUE.
- May enter into other transactions on hehalf of, or otherwise act for or bind the Company;
 - a. Granted to: JILL A. MORRIS

KOGINKA K. XUE

b. No authority granted to:

N/A

Signature of Authorized Representative

JEL A. MORRIS, AUTHORIZED REP.
Typed or Printed Name of Signature

Filing Fee:

Certified Copy: \$30.00 (optional)

\$25,00

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