

171000340892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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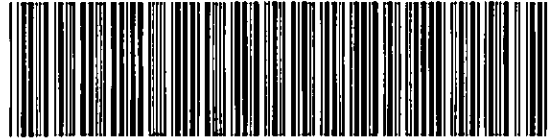
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAM CARPENTRY 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:

DOUGLAS THOMAS  
Name of Person

EAM CARPENTRY L.L.C  
Firm/Company

639 GAINES LANE  
Address

FERNANDINA BEACH FL 32034  
City/State and Zip Code

douglasthomas969@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS THOMAS at ( 904 ) 649-9950  
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: EAM CARPENTRY

SECOND: The Florida Document Number of the limited liability company is: L21000340892

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

639 GAINES LANE  
FERNANDINA BEACH FL 32034

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

639 GAINES LANE  
FERNANDINA BEACH FL 32034

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: DOUGLAS THOMAS

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: DOUGLAS THOMAS

b. No authority granted to: \_\_\_\_\_

Douglas Thomas  
Signature of authorized representative

DOUGLAS THOMAS  
Typed or printed name of signature

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

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JACKSONVILLE, FL