

L21000359903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

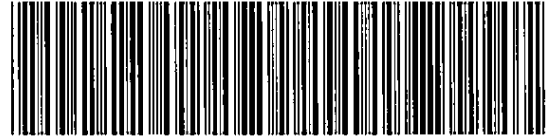
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900391231969

Statement of
Authority

RECEIVED

2022 SEP 19 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 SEP 19 PM 1:07

A. RAMSEY

SEP 20 2022



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **September 19, 2022**

Account#: I20000000088

Name: **KEN**

Reference #: **1787849**

Entity Name: **SECP MIMS LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other

STATEMENT OF AUTHORITY

ISSUES? CALL

KEN:

518-213-0738

Authorized Amount: **\$25.00**

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECP MIMS 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:

Jason Todd Bachman

Name of Person

SECP MIMS LLC

Firm/Company

1 N. Federal Highway Ste 300

Address

Boca Raton, FL 33432

City/State and Zip Code

TBachman@floridacoasteq.com

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

For further information concerning this matter, please call:

Jason Todd Bachman

Name of Person

239

Area Code

253-0322

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: SECP MIMS LLC

SECOND: The Florida Document Number of the limited liability company is: L21000359903

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

1 N. Federal Highway Ste 300

Boca Raton, FL 33432

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

1 N. Federal Highway Ste 300

Boca Raton, FL 33432

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.

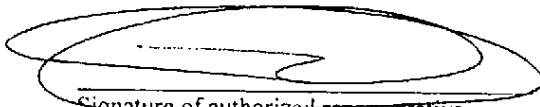
a. Granted to: N/A

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Jason Todd Bachman, President

b. No authority granted to: N/A


Signature of authorized representative

Jason Todd Bachman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2022 SEP 19 PM 1:07