

L21000359903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

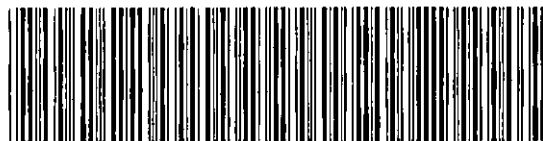
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900385118479

Statement of
Authority

RECEIVED

FILED

2022 SEP 26 PM 4:02

2022 SEP 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

SEP 27 2022



COGENCYGLOBAL

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

Date: **September 26, 2022**

Account#: I20000000088

Name: **James Brodbeck**

Reference #: **1791394**

Entity Name: **SECP MIMS LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

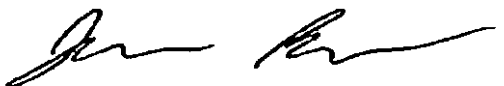
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Statement of Authority**

Authorized Amount: **\$25.00**

Signature: 

STATEMENT OF AUTHORITY

Pursuant to section 605.0502(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: 121000359903

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

FILED
2022 SEP 26 AM 9:37

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.

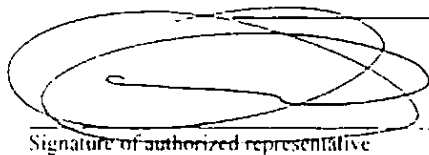
a. Granted to: Jason Todd Bachman, President

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)