

171 000396957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

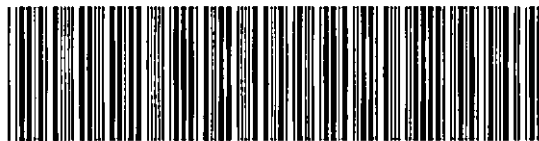
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Lodge 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:

Stephanie Parker

Name of Person

The Lodge LLC

Firm/Company

5156 Belmore Ct

Address

Suwanee GA 30024

City/State and Zip Code

thelodge.sparker@gmail.com

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

For further information concerning this matter, please call:

Stephanie Parker at (850) 819-3528

Name of Person	Area Code	Daytime Telephone Number
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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: The Lodge Inc

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: The Florida Document Number of the limited liability company is: L21000396857

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

7506 Holley Circle

Panama City Beach FL 32408

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

5156 Belmore Ct

Suwanee GA 30024

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: Parker Investment Company Inc

b. No authority granted to: Clyde M Griffin, Charlotte J Griffin

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

a. Granted to: Parker Investment Company Inc

b. No authority granted to: Clyde M Griffin, Charlotte J Griffin


Signature of authorized representative

Stephanie Parker
Typed or printed name of signature

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