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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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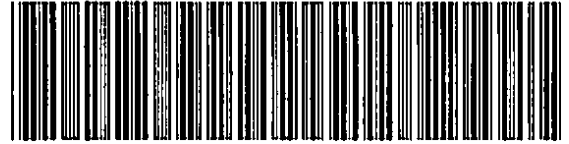
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gainesville Relocation Homes 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:

Carolyn C. Severance

Name of Person

Gainesville Relocation Homes LLC

Firm/Company

10100 SW 82nd Way

Address

Gainesville, FL 32608

City/State and Zip Code

focus.chrissy@gmail.com

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

For further information concerning this matter, please call:

Carolyn C. Severance

352

226-4711

Name of Person

at (

_____)
Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Gainesville Relocation Homes LLC

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:
Gainesville Relocation Homes LLC

SECOND: The Florida Document Number of the limited liability company is:
L21000399425

THIRD: The street address of the limited liability company's principal office is:
10100 SW 82 Way, Gainesville, FL 32608
The mailing address of the limited liability company's principal office is: 10100 SW 82 Way,
Gainesville, FL 32608.

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:
 - i. Carolyn C. Severance, Manager, 10100 SW 82 Way, Gainesville, FL 32608
 - ii. Mark W. Severance, Manager, 10100 SW 82 Way, Gainesville, FL 32608
 - 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:
 - i. Carolyn C. Severance, Manager, 10100 SW 82 Way, Gainesville, FL 32608
 - ii. Mark W. Severance, Manager, 10100 SW 82 Way, Gainesville, FL 32608
 - b. No authority granted to: N/A

Carolyn C Severance

Carolyn C. Severance, President
Carolyn C Severance, Inc., Member

Acceptance of Authority:

Carolyn C Severance

Carolyn C. Severance, Manager

Mark W Severance

Mark W. Severance, Manager

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