121000418328

| (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



900369888569

09/23/21--01019--0024 **210.00

ALLAHASSEE F

PEI SEP 23 PH D: no

J24

CORPÔRATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| * | CERTIFIED COPY | |
|--------|------------------------------|------------------------|
| | РНОТОСОРУ | |
| | CUS | |
| XX | FILING | STATEMENT OF AYTHORITY |
| | BDRE, LLC | File 2 |
| - | (CORPORATE NAME AND DOCUMENT | |
| _ | | |
| | (CORPORATE NAME AND DOCUMENT | `#) |
| _ | (CORPORATE NAME AND DOCUMENT | и. |
| | CONFORMTE NAME AND DOCUMENT | #) |
| _ | (CORPORATE NAME AND DOCUMENT | #) |
| | | |
| | (CORPORATE NAME AND DOCUMENT | (#) |
| _ | | |
| | (CORPORATE NAME AND DOCUMENT | #) |
| PECIAL | | |

COVER LETTER

| Division of Corporations | |
|---|------------------------------------|
| BDRE, LLC SUBJECT: | |
| | ted Liability Company |
| Dear Sir or Madam: | |
| The enclosed Statement of Authority and fee(s) are sub | omitted for filing. |
| Please return all correspondence concerning this matte | r to the following: |
| Kristy Horan | |
| Name of Person | |
| Godbold, Downing, Bill & Rentz, P.A. | |
| Firm/Company | |
| 222 W. Comstock Avenue, Suite 101 | |
| Address | |
| Winter Park, FL 32789 | |
| City/State and Zip Code | |
| khoran@gdb-law.com | |
| E-mail address: (to be used for future annual a | report notification) |
| For further information concerning this matter, please of | call: |
| Kristy Horan | 407 647-4418 at () |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF AUTHORITY

| Pursuan authorit | nt to section (y: | 605.0302(1), Florida Statutes, this limited liability company submits the following statement of | | | | |
|---------------------|--|--|--|--|--|--|
| FIRST: | FIRST: The name of the limited liability company is: | | | | | |
| SECON | ND: The Flo | rida Document Number of the limited liability company is: | | | | |
| | | address of the limited liability company's principal office is: | | | | |
| | Suite 220 | | | | | |
| | Winter Park | s, FL 32789 | | | | |
| | The maili | ng address of the limited liability company's principal office is: Avenue | | | | |
| | Suite 220 | | | | | |
| | Winter Park, FL 32789 | | | | | |
| position | of a person in the following | | | | | |
| | a. | Granted to: Bradley J. Downing in his capacity as sole member. Granted to: Grant | | | | |
| | b. | No authority granted to: | | | | |
| | 2. May en | ter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: Bradley J. Downing in his capacity as sole member | | | | |
| | b. | No authority granted to: | | | | |
| | \supset | 1 | | | | |

Filing Fee:

\$25.00 Certified Conv. \$30.00 (ontional)

Bradley J. Downing

Typed or printed name of signature