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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H:S Marina Properties, 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:

Charles Heil
Name of Person

H:S Marina Properties, LLC
Firm/Company

18901 San Carlos Blvd.
Address

Fort Myers Blvd, FL 33931
City/State and Zip Code

hsmarinaprop@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Heil at (239) 738-0077
Name of Person Area Code 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: H. S. Marina Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000421521

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

18901 San Carlos Blvd
Ft Myers Beach, FL 33931

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

SPRINGFIELD
TALLAHASSEE, FL

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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: Charles Heil

b. No authority granted to: _____

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

a. Granted to: Charles Heil

b. No authority granted to: _____

[Signature]
Signature of authorized representative

Date Herdershot
Typed or printed name of signature

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