

171000445128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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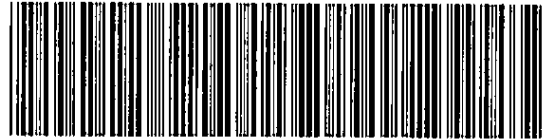
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VARANUS ROOM, 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:

ROB HELMICK

Name of Person

Firm/Company

1648 TAYLOR RD 411

Address

PORT ORANGE, FL 32128

City/State and Zip Code

ROB@RESFL.COM

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

For further information concerning this matter, please call:

ROB

Name of Person

at (386)
Area Code

562-1177

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: VARANUS ROOM, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000445128

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

1648 TAYLOR RD 411 PORT ORANGE FL 32128

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

1648 TAYLOR RD 411 POR ORANGE, FL 32128

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: MARIA HELMICK AND AUTUMN MARTIN

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: MARIA HELMICK AND AUTUMN MARTIN

b. No authority granted to: _____



Signature of authorized representative

ROWAN A MARTIN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)