h21000455676

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

	gistration Section vision of Corporations		
eud wæt.	3320 W SR 80. LLC		
SUBJECT:		nited Liability Cor	npany
Dear Sir or i	Madam:		
The enclose	d Statement of Authority and fee(s) are s	submitted for filing	<u>;</u> .
Please returi	n all correspondence concerning this mat	tter to the followin	g:
Luca Di Nu	nzio		
	Name of Person	,	_
Dorcey Law	/ Firm		
	Firm/Company		_
10181 Six N	dile Mile Cypress Pkwy. Suite C		
	Address		_
Fort Myers,	FL 33966		
	City/State and Zip Code		_
support@dl	fregisteredagent.com		
E-1	mail address: (to be used for future annua	al report notification	on)
For further i	nformation concerning this matter, pleas	e call:	
Luca Di Nu	nzio	239	308-1073
	Name of Person	Area Code	Daytime Telephone Number
	ailing Address:		Street Address:
	egistration Section		Registration Section
	vision of Corporations		Division of Corporations
P.0	O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

FILED

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the SECRETARY OF STATE TALLAHASSEE, FL

NAME OF LLC: 3320 W SR 80, LLC

FLORIDA LLC DOCUMENT NUMBER: <u>L21000455676</u>

PRINCIPAL OFFICE ADDRESS: 3125 Fort Denaud Road

MAILING ADDRESS (if different): 3125 Fort Denaud Road

MANAGER: Sonya C. Murray

Below is the authority given to Sonya C. Murray, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

X	All Authorization to act on behalf of the LLC, including but not limited to the Options			
Listed	Below (Unlimited Authority).			
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property			
Owned by the LLC.				
	He/She has Authority to Purchase Property in the Name of the LLC.			
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real			
Property.				
	He/She has authority to Open Bank Account(s) in Name of the LLC.			
	He/She has authority to Close Bank Account(s) Owned by the LLC.			
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards			
and/or other instruments of payment on behalf of the LLC.				
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal			
Property (Ex: Vehicles/Equipment).				
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex:			
Vehicles/Equipment).				
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.			
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).			
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.			

	He/She has authority to Enter into Contract(s) for the Purchase of Services.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.			
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on			
behalf	of the LLC.			
	He/She has authority to File Annual Reports with State of Florida.			
	He/She has authority to Amend Annual Reports with State of Florida.			
	He/She has authority to File Statement of Authority(s) with State of Florida.			
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of			
Florida	1.			
	He/She has authority to Amend Articles of Organization.			
If more	e space was needed, a separate sheet(s) of paper will be attached to the back of this form.			
3320 W SR 80, LLC;				
Ву:	longa Cmuray			
Print N	Jame: Songa Murray			
Title: _	Jame: Songa Murray Manager			