

L22000002567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

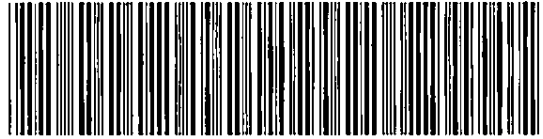
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REED MEDICAL GROUP, 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:

Austin Reed

Name of Person

Firm/Company

6350 Gulf of Mexico Dr STE 101

Address

Longboat Key, FL 34228

City/State and Zip Code

austin@austinhreed.com

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

For further information concerning this matter, please call:

Austin Reed

412

944-3275

at ()

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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: REED MEDICAL GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000002567

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

6350 Gulf of Mexico Drive Ste 101

Longboat Key, FL 34228

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

6350 Gulf of Mexico Drive Ste 101

Longboat Key, FL 34228

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: Austin Reed (member) and James W. Reed, III (member)

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: Austin Reed (member) and James W. Reed, III (member)

b. No authority granted to: _____

Signed by:

Austin H Reed

B4B50075F180474...

Signature of authorized representative

Austin Reed

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -4 AM 10:08

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