

W22 000000 5809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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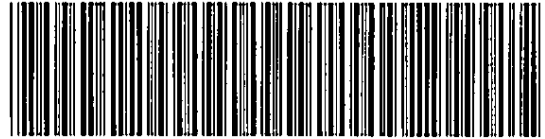
(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Theraskin Authentix
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:

Lucille Williams
Name of Person

Theraskin Authentix
Firm/Company

54 SW 16th Avenue
Address

Homestead Florida 33030
City/State and Zip Code

Streetwarrior1994@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucille Williams at (786) 348-7793
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: Theraskin Authentix

SECOND: The Florida Document Number of the limited liability company is: L 22000005809

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

54 SW 16 Avenue
Homestead Florida
33030

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

54 SW 16 Avenue
Homestead Florida
33030

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: Lucille Williams

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: Lucille Williams

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA

Lucille Williams
Signature of authorized representative

Lucille Williams
Typed or printed name of signature