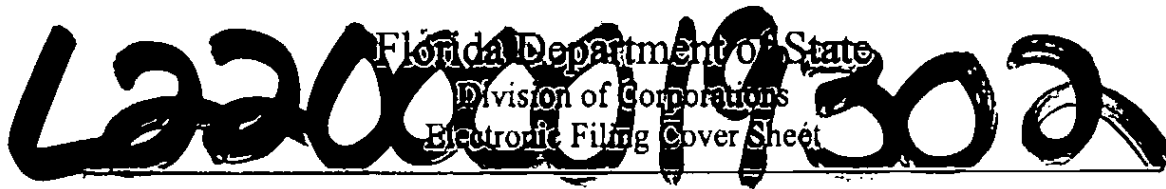


1/19/22, 10:46 AM

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC
Account Number : I20060000142
Phone : (904)301-1269
Fax Number : (904)301-1279

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DR PHILLIPS HOLDINGS LLC**

Certificate of Status	0
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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: DR. PHILLIPS HOLDINGS LLC

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

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

675 Veterans Memorial Parkway

Orange City, Florida 32763

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

1969 S. Alafaya Trail # 377

Orlando, Florida 32828

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: Troy M. Cox

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: Troy M. Cox

b. No authority granted to: _____



Authorized Representative

Troy M. Cox, Authorized Rep

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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