

L22000059987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

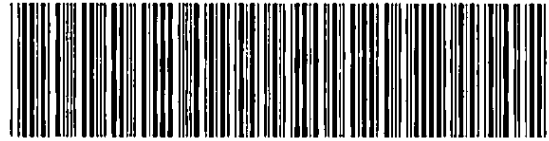
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PO2 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:

Lawrence Postell
Name of Person

PO2 LLC.
Firm/Company

4251 NW 196 St
Address

Miami Gardens Fl. 33055
City/State and Zip Code

Lpostell@po2sfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Postell at (33055) 786 586 8608
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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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: PO2 LLC.

SECOND: The Florida Document Number of the limited liability company is: L 22600059987

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

4251 NW 196 ST.

Miami Gardens FL 33055

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

14900 SW 30TH ST

#279425

MIRAMAR, FL 33027-9997

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: Samuel Matthews-Pace : Manager

b. No authority granted to: X

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: X

b. No authority granted to: X

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Signature of authorized representative

Lawrence Postell

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)