

L22000165869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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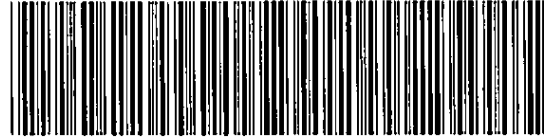
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



800384271938

Statement of
Authority

04/20/22--01003--017 **210.00

FILED

2022 APR 20 AM 10:17

CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

RECEIVED

2022 APR 20 AM 11:37

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

A. RAMSEY
APR 21 2022

**CORPORATE
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PICK UP: 04/20/2022

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STATEMENT OF AUTHORITY

1. Cassel Park, LLC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cassel Park, 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:

Kristy Horan

Name of Person

Godbold, Downing, Bill & Rentz, P.A.

Firm/Company

222 W. Comstock Avenue, Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

khoran@gdb-law.com

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

For further information concerning this matter, please call:

Kristy Horan

at (407) 647-4418

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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: 2022 APR 20 AM 10:17

FIRST: The name of the limited liability company is: Cassel Park, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

800 S. Orlando Avenue

2nd Floor

Maitland, FL 32751

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

800 S. Orlando Avenue

2nd Floor

Maitland, FL 32751

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: Michael Grindstaff and/or Steve Griggs, each in
their respective capacity as Manager

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: Michael Grindstaff and/or Steve Griggs, each in
in their capacity as Manager

b. No authority granted to: _____


Signature of authorized representative

Michael Grindstaff

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)