

K22000301732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

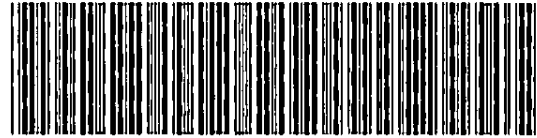
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUGUST 11 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

Hair By Emilee Stash LLC

SUBJECT: _____
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:

Emilee Stash

Name of Person

Hair By Emilee Stash LLC

Firm/Company

1828 SW 18th Terrace

Address

Cape Coral, FL 33991

City/State and Zip Code

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

For further information concerning this matter, please call:

Emilee Stash

239

848-8050

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

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: Hair By Emilee Stash LLC

SECOND: The Florida Document Number of the limited liability company is: L22000301732

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

1828 SW 18th Terrace

Cape Coral, FL 33991

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

1828 SW 18th Terrace

Cape Coral, FL 33991

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: Emilee Stash - Authorized 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: Emilee Stash - Authorized Member

b. No authority granted to: _____

Emilee Stash
Signature of authorized representative

Emilee Stash
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)