

L22000512896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

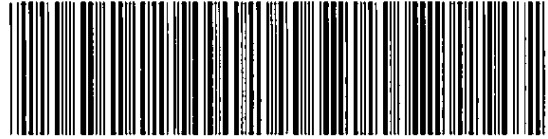
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 DEC -4 AM 11:50

cf 12/11/2023

COVER LETTER

TO: Registration Section
Division of Corporations
Enterprise Rx, 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:

Joy Rostom

Name of Person

Enterprise Rx, LLC

Firm/Company

971 Stone Lake Dr.

Address

Ormond Beach, FL 32174

City/State and Zip Code _____

ramezrashadph@yahoo.com

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

For further information concerning this matter, please call:

Joy Rostom	386	9165578
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_____ 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:

Enterprise Rx, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document Number of the limited liability company is: L22000512896

THIRD: The street address of the limited liability company's principal office is:
2499 Enterprise Rd.

Orange City, FL 32763

The mailing address of the limited liability company's principal office is:
2499 Enterprise Rd.

Orange City, FL 32763

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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.

Joy Rostom

a. Granted to: _____

Sarah Hanna

b. No authority granted to: _____

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

Joy Rostom

a. Granted to: _____

Sarah Hanna

b. No authority granted to: _____


Signature of authorized representative

Joy Rostom

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)