

L23000121128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

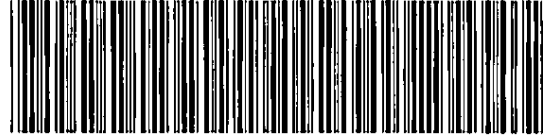
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2023 SEP 15 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

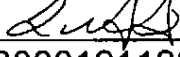
RECEIVED

2023 SEP 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account I20210000160: \$25.00

Authorization Signature: 
Samsson Development, LLC L23000121128

Business

#Doc.

☐ **Certified copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☐ Amendment
☐ Resignation of R.A.
☐ Articles of Dissolution
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
☒ **Statement of Authority**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE:

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ OTHER

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMSSON DEVELOPMENT, 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:

DANIELA N. TOLLIVER

Name of Person

THE FAULKNER FIRM, P.A.

Firm/Company

4056 TAMPA ROAD

Address

OLDSMAR, FL 34677

City/State and Zip Code

DANIELA@THEFAULKNERFIRM.COM

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

For further information concerning this matter, please call:

DANIELA N. TOLLIVER at (727) 939-4900
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: SAMSSON DEVELOPMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L23000121128

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

3176 SHOAL LINE BLVD.

HERNANDO BEACH, FL 34607

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

3176 SHOAL LINE BLVD.

HERNANDO BEACH, FL 34607

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TALLAHASSEE, FLORIDA

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: _____

b. No authority granted to: RICHARD J MATASSA

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

a. Granted to: _____

b. No authority granted to: RICHARD J MATASSA

Lynn D Matassa
Signature of authorized representative

Lynn D Matassa
Typed or printed name of signature

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