

L23000134532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

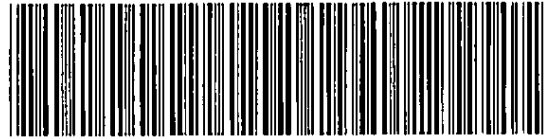
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. C. ...
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OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

FROWN 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:

Mary M. Hagopian

Name of Person

FROWN LLC

Firm/Company

18850 NE 51 St. Suite 200

Address

Williston, FL 32696

City/State and Zip Code

Mary_hagopian@yahoo.com

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

For further information concerning this matter, please call:

Mary M Hagopian

954

558-7955

Name of Person at (_____) _____
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:

FROWN LLC

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

SECOND: The Florida Document Number of the limited liability company is: ~~92-3498721~~ L2300134532

THIRD: The street address of the limited liability company's principal office is:
18850 NE 51 St
Williston, FL 32696

The mailing address of the limited liability company's principal office is:
PO Box 130 Williston, FL 32696

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.
Mary M. Hagopian

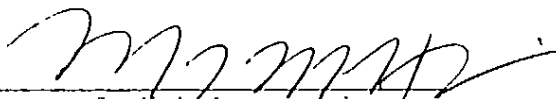
a. Granted to: _____

b. No authority granted to: _____

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

a. Granted to: _____

b. No authority granted to: _____


Signature of authorized representative

Mary M HAGOPIAN
Typed or printed name of signature

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

2023 MAR 5 PM 2:52
FROWN LLC