## L23000197280

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## COVER LETTER . . .

TO: Registration Section Division of Corporations	
Spashopper, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Luca Di Nunzio	
Name of Person	<u> </u>
Dorcey Law Firm	
Firm/Company	
10181 Six Mile Cypress Pkwy, Suite C	
Address	<del></del>
Fort Myers, FL 33966	
City/State and Zip Code	<del></del>
support@dlfregisteredagent.com	
E-mail address: (to be used for future at	annual report notification)
For further information concerning this matter, p	please call:
Luca Di Nunzio	239 418-0169 at ( )
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:

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

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:

NAME	OF LLC: SPASHOPPER, LLC	Ĕ	2023	
DOCU	MENT NUMBER: L23000197280	ort Í LAHA	AUG	
PRINC	CIPAL ADDRESS: 10181 Six Mile Cypress Pkwy, Ste C, Ft. Myers, FL 33	966:	8	
MAIL	ING ADDRESS: 10181 Six Mile Cypress Pkwy, Ste C, Ft. Myers, FL 3396	667	<b>Զ</b> 8:	
MANA	AGER: Billy Stallings	ORIDA	15	
has unl	is the authority given to Billy Stallings, Manager of the above-named LLC imited authorization, the option "All Authorization to act on behalf of the limited to the Options Listed Below (Unlimited Authority)" will be selected/Her.	LLC, in	cludi	ng
⊠ Listed	All Authorization to act on behalf of the LLC, including but not limited Below (Unlimited Authority).	to the	Optio	ns
□ Owned	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) by the LLC.	Real F	ropei	гtу
	He/She has Authority to Purchase Property in the Name of the LLC.			
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improv	vement	of Re	eal
Proper	ly.			
	He/She has authority to Open Bank Account(s) in Name of the LLC.			
	He/She has authority to Close Bank Account(s) Owned by the LLC.			
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Deb	it/Cred	it Car	ds
and/or	other instruments of payment on behalf of the LLC.			
□ (E.g., \	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Per/ dehicles/Equipment).	rsonal F	Prope	rty
	He/She has authority to Enter into Contract(s) for the Purchase of Personal	Proper	ty (E.	g.,
Vehicle	es/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies			
	He/She has authority to Enter into Contract(s) for the Purchase of Material	(s).		
	He/She has authority to Enter into Contract(s) for the Purchase of Merchan	dise.		
	He/She has authority to Enter into Contract(s) for the Purchase of Services.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Su	pplies.		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Ma	aterial(s	s).	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Mo	erchand	lise.	

	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on
behali	f of the LLC.
	He/She has authority to File Annual Reports with State of Florida.
	He/She has authority to Amend Annual Reports with State of Florida.
	He/She has authority to File Statement of Authority(s) with State of Florida.
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of
Florid	la.
	He/She has authority to Amend Articles of Organization.
If mo	re space was needed, a separate sheet(s) of paper will be attached to the back of this form.
Doc:	Date:
Billy	Stallings, Manager

FILED
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