123000315236

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone #	<u>+) </u>
(5).	yrototo, z.pri tiono i	••
PICK-UP	MAIT	MAIL
—————(Bu	siness Entity Name	<u>;) </u>
(Do	cument Number)	
(= -	,	
0.47.10.3	0 17	
Certified Copies	_ Certificates o	or Status
Special Instructions to Filing Officer:		
		1
		i
<u> </u>		

Office Use Only



100421493761

01/08/24--81985--018 **35.66

1024 JAN -8 PM 9: 10

A. PARISHANI FEB - 4 2024

COVER LETTER

Division of Corporations	
SUBJECT: STUDT MARINE SERVICES, LLC Name of Limited Liability Company	
Dear Sir or Madam:	
Dear Sit of Madain.	
The enclosed Statement of Authority and fee(s) are submitted for filing.	. ~
Please return all correspondence concerning this matter to the following:	
Hayden Studt Name of Person	
Name of Person	
Studt Marine Services, LLC Firm/Company	PH 9: 10 OF STATE REPORATION DE FLORIDA
Firm/Company	MET O
15615 Waverly Street Apt 2 Address	
1.5-1.5-1	
Clear water / Florida 33760	
City/State and Zip Code	
Lemail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Hayden Studt at 480 310 290 Name of Person Area Code Daytime Telepho	
Name of Person Area Code Daytime Telepho	ne 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 lia authority:	ability company submits the following statement of
authority: FIRST: The name of the limited liability company is:	STUDY POOTINE SETVICES, LCC
SECOND: The Florida Document Number of the limited liabil	hity company is: <u>L 2 3 00 0 3 15 2 3</u> 6
THIRD: The street address of the limited liability company's p 15615 Waverly Street Apt 2 33760	Clearwater Florida TALLANDERS SEEDER
The mailing address of the limited liability company 3665 East Bay Drive Suite 20 Florida 33771	المنا 🕳 🖰 🚉
FOURTH: This statement of authority grants or sets limitation position of a person in a company, whether as a member, transference on the following: 1. May execute an instrument transferring real proper a. Granted to: Hayuer Stud	ns-of anthority on all persons having the status of corec. manager, officer or otherwise or to a specific erry held in the name of the company.
b. No authority granted to:	Said 18 mil
2. May enter into other transactions on behalf of, or a. Granted to: Hoyden Sty	
b. No authority granted to:	
Anyall Islam Signature of authorized representative	Hayden Studt Typed or printed name of signature

\$25,00

Certified Copy: \$30.00 (optional)

Filing Fee:

CR2E138 (2/14)