L23000317434

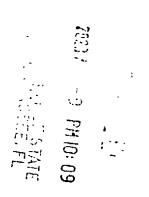
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

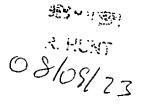
Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	The Hive's Harvest, LLC			
30.00	Name of Limited Liability Company			
Dear S	Sir or Madam:			
The er	nclosed Statement of Authority and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
Luca	Di Nunzio			
-	Name of Person			
Dorce	ey Law Firm		ر دري	
	Firm/Company		23	
1018	1 Six Mile Cypress Pkwy, Suite C			٠.
	Address	- ; -	-co	; ;
Fort :	Myers, FL 33966	en en En en En en	-9 PH 10: 09	Ţ.,
	City/State and Zip Code		60	
supp	ort@dlfregisteredagent.com			
	E-mail address: (to be used for future annual report notification)			
For f	urther information concerning this matter, please call:			
Luca	Di Nunzio 239 418-0169 at ()		_	
	Name of Person Area Code Daytime Telep	hone 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:

NAMI	E OF LLC: THE HIVE'S HARVEST, LLC	F-7 E-1	, 1	
DOCU	UMENT NUMBER:L23000317437	•,-	•	•
	CIPAL ADDRESS: 18181 Parkridge Ct, Fort Myers, FL 33908			•
MAIL	LING ADDRESS: 18181 Parkridge Ct, Fort Myers, FL 33908		PH In: 09	('*
MAN	AGER: Alexandra M. Nara	PATE	: 09	
has un but no	v is the authority given to Alexandra Nara, Manager of the above-named LLC. Illimited authorization, the option "All Authorization to act on behalf of the Llot limited to the Options Listed Below (Unlimited Authority)" will be selected an/Her.	LC, inc	ludii	ng
\boxtimes	All Authorization to act on behalf of the LLC, including but not limited to	o the O	ptio	ns
	d Below (Unlimited Authority). He/She has Authority to Execute an Instrument Conveying (Sale/Lease)	Real Pr	റൗല	rtv
Owne	ed by the LLC.	1001111	(1/0.	••
	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/ Improve	ement o	f Re	eal
Prope				
□ .	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 Debi	t/Credit	Cai	rds
and/o	or other instruments of payment on behalf of the LLC.			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Per-	sonal Pi	rope	rty
(E.g.,	. Vehicles/Equipment).	_		
	He/She has authority to Enter into Contract(s) for the Purchase of Personal	Property	y (E.	·g.,
Vehic	cles/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(
	He/She has authority to Enter into Contract(s) for the Purchase of Merchand			
	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 Sup			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Ma			
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Me	rchand	ise.	

	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					
behalf	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	a.					
	He/She has authority to Amend Articles of Organization.					
If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.						
5C20	Signed by: 7/3/2023 3E77F789434 7/3/2023					
Alexa	ndra M. Nara, Manager					

Page 2 of 2
Statement of Authority for Alexandra M. Nara