

L23000394470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

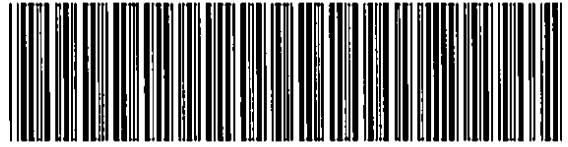
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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REGISTRATION
TALLAHASSEE, FLORIDA

R. HUNT
08/25/23

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4 LIFE CARE, LLC

Please Debit FCA000000003 For: 55

Thank you Seth Neeley



Signature

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

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STATE OF FLORIDA
DIVISION OF CORPORATION

STATEMENT OF AUTHORITY

OF

4 LIFE CARE, LLC

Pursuant to Section 605.0302, Florida Statutes, this limited liability company submits the following Statement Of Authority:

FIRST: The name of the limited liability company is:

4 LIFE CARE, LLC L23000394470

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

2052 Ben Franklin Drive, #801
Sarasota, Florida 34236

THIRD: This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

1. May execute an instrument transferring real property held in the name of the Company:

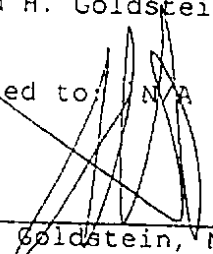
a. Granted to: David H. Goldstein

b. No authority granted to: N/A

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

a. Granted to: David H. Goldstein

b. No authority granted to: N/A



David H. Goldstein, Manager

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

08/22/23