

27-Jun-2024 19:54 To: +18506176383

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BRICK BUSINESS LAW, P.A.
Account Number : I20230000178
Phone : (813)816-1816
Fax Number : (813)692-1982

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: danielle.peynado@brickbusinesslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
0 CURRY FORD LLC

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K. SALY

JUN 28 2024

Fax Number : (850)617-6383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 0 CURRY FORD LLC

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:

DANIELLE PEYNADO

Name of Person

BRICK BUSINESS LAW, P.A.

Firm/Company

3413 W FLETCHER AVE

Address

TAMPA, FLORIDA 33618

City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

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

For further information concerning this matter, please call:

DANIELLE PEYNADO

813

816-1816

at ()

Name of Person

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

Fax Number : (850)617-6383

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 0 CURRY FORD LLC

SECOND: The Florida Document Number of the limited liability company is: L23000420647

THIRD: The street address of the limited liability company's principal office is:

365 AULIN AVE

OVIEDO, FL 32765

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

PO BOX 1260

GENEVA, FL 32732

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.

a. Granted to: ORLANDO CITY REALTY CORP

b. No authority granted to: STEPHANIE C. SORRENTINO
KID E NATION, INC. & ROBERT J. SORRENTINO

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

a. Granted to: ORLANDO CITY REALTY CORP

b. No authority granted to: STEPHANIE C. SORRENTINO
KID E NATION, INC. & ROBERT J. SORRENTINO

Collette Robertson

Signature of authorized representative

ORLANDO CITY REALTY CORP

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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