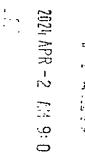


(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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04/02/24 -01001--009 **50.00



COVER LETTER

Division of Corporations					
TEEM Cleaning Services, LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Statement of Authority and fee(s) are subm	nitted for filing.				
Please return all correspondence concerning this matter t	o the following:				
Michael Scott					
Name of Person					
Dorcey Law Firm					
Firm/Company					
10181 Six Mile Cypress Pkwy, Suite C					
Address	 				
Fort Myers, FL 33966					
City/State and Zip Code					
support@dlfregisteredagent.com					
E-mail address: (to be used for future annual re	port notification)				
for further information concerning this matter, please ca	11:				
Michael Scott	239 418-0169				
Name of Person	Area Code Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section

STATEMENT OF AUTHORITY

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

	•		
NAM	E OF LLC: TEEM CLEANING SERVICES, LLC		
DOC	UMENT NUMBER: L23000533498	207	
PRIN	CIPAL ADDRESS: 10991 Shady Lake Run Fort Myers, FL 33913	2024 APR	बाउपन व
MAII	LING ADDRESS: 10991 Shady Lake Run Fort Myers, FL 33913	- 2 - 2	- 2523 - 2523 - 1
MAN	AGER: Erika Vaske	64 9 9	
unlim	v is the authority given to Erika Vaske, Manager of the above-named LLC. If this pited authorization, the option "All Authorization to act on behalf of the LLC, inclimited to the Options Listed Below (Unlimited Authority)" will be selected and will Her.	ers co has uding bu	t
	All Authorization to act on behalf of the LLC, including but not limited to the	e Option:	s
	Below (Unlimited Authority).	D .	
0	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real	Property	/
	ed by the LLC. He/Sha has Authority to Directory Property in the Name of the LLC.		
	He/She has Authority to Purchase Property in the Name of the LLC.	at of Don	1
□ Prope	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvements	n or Kea	1
	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 Debit/Cre	dir Card	
	r other instruments of payment on behalf of the LLC.	cuit Caru	5
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal	l Property	Ų
_	Vehicles/Equipment).	. r toperc	,
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Propo	erty (E.g.	
Vehic	eles/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 Merchandise.		
	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 Supplies	S.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchai		

Page 1 of 2
Statement of Authority for Erika Vaske

	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
behal	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
Florie	da.
	He/She has authority to Amend Articles of Organization.
	ore space was needed, a separate sheet(s) of paper will be attached to the back of this form.
Doc	uSigned by:
Tra	uis Merrick Date: 1/13/2024
Travi	is Merrick, Manager