

L24000115651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

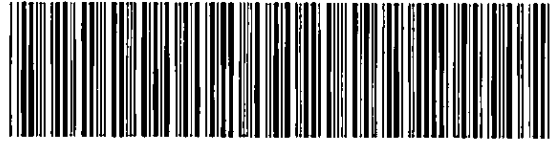
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EMMANUEL SHEPPARD & CONDON

ATTORNEYS AT LAW SINCE 1913

Sally B. Fox
Attorney at Law

30 S Spring Street
Pensacola, FL 32502
Sfox@esclaw.com | (850) 433-6581 | esclaw.com

March 17, 2023

VIA MAIL DELIVERY

Florida Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Statement of Authority – Archie Ventures LLC
Our File: 18163-162797

To Whom It May Concern:

Enclosed is our Check #158801 in the amount of \$25.00 for the Statement of Authority being filed for Archie Ventures, LLC.

Sincerely,

Alisa Kiker for
Sally B. Fox

/ajk
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCHIE VENTURES 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:

ARTIOM LARCENCO

Name of Person

ARCHIE VENTURES LLC

Firm/Company

6207 N. PALAFOX STREET

Address

PENSACOLA, FLORIDA 32503

City/State and Zip Code

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

For further information concerning this matter, please call:

ARTIOM LARCENCO at (850) 266-5466
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: ARCHIE VENTURES LLC

SECOND: The Florida Document Number of the limited liability company is: L2400015651

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

3909 MOBILE HIGHWAY

PENSACOLA, FLORIDA 32505

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

6207 N. PALAFOX STREET

PENSACOLA, FLORIDA 32503

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: ARTIOM LARCENCO - MANAGER

b. No authority granted to: _____

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

a. Granted to: ARTIOM LARCENCO - MANAGER

b. No authority granted to: _____



Signature of authorized representative

ARTIOM LARCENCO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2024 MAY 13 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA