

L24000130740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

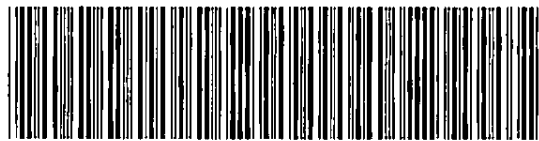
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600420789926

FILED

2024 APR -1 PM 4:50

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 29 PM 3:44

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$55.00

AUTHORIZATION SIGNATURE: _____

1208 Chelmsford LLC

BUSINESS (Name)

Document # _____

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

__X__ Certified Copy of Articles of

__X__ Statement of Authority

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ LLLP

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1208 CHELMSFORD 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:

MAUREEN AUGHTON

Name of Person

AUGHTON LAW FIRM, PA

Firm/Company

5660 STRAND COURT

Address

NAPLES, FL 34110

City/State and Zip Code

scott.shedden@scotthomes.ca

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

For further information concerning this matter, please call:

MAUREEN AUGHTON

239

919-5436

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2024

FLORIDA CAPITAL COURIER SERVICE

SUBJECT: 1208 CHELMSFORD LLC
Ref. Number: L24000130740

We have received your document for 1208 CHELMSFORD LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify the mailing address. The file 1st amendment changed the mailing address, but the file 2nd the Statement of Authority has a different mailing address.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00006893

RECEIVED
2024 APR -1 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL 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: 1208 CHELMSFORD LLC

SECOND: The Florida Document Number of the limited liability company is: 124000130740

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

1208 CHELMSFORD COURT

NAPLES, FL 34104

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

1200 SPEERS ROAD, UNIT 11

OAKVILLE, ON L6M 3E3 CANADA

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: Scott A. Shedden and/or Scott P. Shedden (as officers of

2199598 Ontario Inc., the sole member of the company).

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: Scott A. Shedden and/or Scott P. Shedden (as officers of

2199598 Ontario Inc., the sole member of the company).

b. No authority granted to: _____


Signature of authorized representative

Scott A. Shedden

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

FILED
2024 APR -1 PM 4:50
TALLAHASSEE, FLORIDA