

L24000171850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

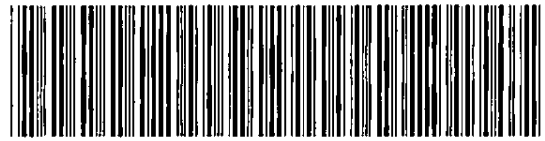
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

MILAM HOWARD  
NICANDRI & GILLAM P.A.

Jennifer Cruz

jcruz@milamhoward.com

October 29, 2024

**VIA FEDEX**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

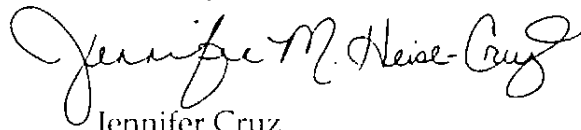
**Re: ARMA-LOCK, LLC  
Florida Document No.: L24000171850**

Dear Ladies/Gentlemen:

Enclosed please find the Statement of Authority for the above referenced entity, together with our firms check number 23334, in the amount \$25, which represents payment of your filing fee.

If you have any questions regarding the enclosed document, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, reading "Jennifer M. Heise-Cruz". The signature is fluid and cursive, with the first name "Jennifer" being the most prominent.

Jennifer Cruz

Florida Registered Paralegal

Enclosures

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: ARMA-LOCK, LLC

SECOND: The Florida Document Number of the limited liability company is: L24000171850

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

2807 North 10th Street, Suite 1, St. Augustine, FL 32084

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

2807 North 10th Street, Suite 1, St. Augustine, FL 32084

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.

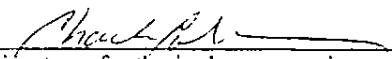
a. Granted to: \_\_\_\_\_

b. No authority granted to: Janessa Cochran  
Ian Noyes

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

a. Granted to: Janessa Cochran  
Ian Noyes

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Charles Cochran

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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