

L24000364397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

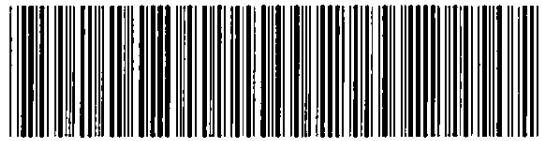
(Business Entity Name)

(Document Number)

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2024 SEP -4 AM 11:22
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH FLORIDA BOAT WORKS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK H SREENAN

Name of Person

Firm/Company

56 INDUSTRIAL CT

Address

CRAWFORDVILLE FL 32327

City/State and Zip Code

PATRICKSREENAN@YAHOO.COM

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

For further information concerning this matter, please call:

PATRICK SREENAN 954 494-7950
Name of Person at () Daytime Telephone Number
Area Code

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

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: NORTH FLORIDA BOAT WORKS, LLC

SECOND: The Florida Document Number of the limited liability company is: L240000364397

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

56 INDUSTRIAL CT

CRAWFORDVILLE, FL 32327

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

PO BOX 263

ST MARKS FL 32355

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TALLAHASSEE, FLORIDA

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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.

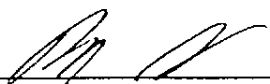
a. Granted to: TERENCE P SREENAN

b. No authority granted to: _____

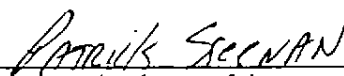
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: TERENCE P SREENAN

b. No authority granted to: _____



Signature of authorized representative



Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**