L24000354000

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Marile)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000436975070

09/24/24--01093--028 **25.00

2024 SEP 24 PH 1: 11
SECRE LARS SEE. FL

COVER LETTER

TO: Registration Section Division of Corporations			
DERIK ROYAL, LLC SUBJECT:			
	ame of Limited Lia	ability Com	pany
Dear Sir or Madam:			
The enclosed Statement of Authority and (fee(s) are submitte	d for filing.	
Please return all correspondence concernir	ng this matter to th	e 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 fu	iture annual report	notification	1)
For further information concerning this ma	tter, please call:		
Michael Scott	a1 <i>t</i>	239	418-0169
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

STATEMENT OF AUTHORITY

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

NAME OF LLC: DERIK ROYAL, LLC

DOCUMENT NUMBER: L24000384000

PRINCIPAL ADDRESS: 18120 Riverchase Ct., Alva, FL 33920

MAILING ADDRESS: 18120 Riverchase Ct., Alva, FL 33920

MANAGER: Derik Royal

Below is the authority given to Derik Royal, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

\boxtimes	All Authorization to act on behalf of the LLC, including but not limited to the Options
Listed	Below (Unlimited Authority).
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property
Owned	by the LLC.
	He/She has Authority to Purchase Property in the Name of the LLC.
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real
Propert	ly.
	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/Credit Cards
and/or	other instruments of payment on behalf of the LLC.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property
(E.g., V	/ehicles/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (E.g.,
Vehicle	es/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.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.

Page 1 of 2
Statement of Authority for Derik Royal

	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				
Florid	da.				
	He/She has authority to Amend Articles of Organization.				
	re space was needed, a separate sheet(s) of paper will be attached to the back of this form. NAGER:				
Sign Scc Derik	Date: 9/13/2024 Royal, Manager				