

L25000061029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

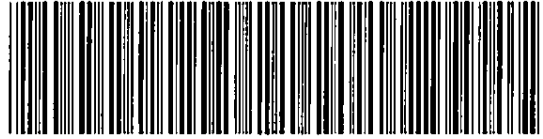
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

One Hundred Dollars Down 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:

David Williams

Name of Person

One Hundred Dollars Down LLC

Firm/Company

812 Mason Avenue

Address

Daytona Beach, FL 32117

City/State and Zip Code

davidwilliams271@yahoo.com

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

For further information concerning this matter, please call:

David Williams

386

334-1461

at ()

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:

FIRST: The name of the limited liability company is: One Hundred Dollars Down LLC

SECOND: The Florida Document Number of the limited liability company is: 125000061029

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

812 Mason Avenue

Daytona Beach, FL 32117

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

812 Mason Avenue

Daytona Beach, FL 32117

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: David Williams

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: David Williams

b. No authority granted to: _____


Signature of authorized representative

David Williams
Typed or printed name of signature

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

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