| (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: AL-OW+ |
| J. HORNE |
| OCT 17 2025 |
| |





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10/17/25--01001--006 7130 00

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: | Authorized Representative updated information | | | | | | |
|----------------|---|---------------------------|--------------------------|--|--|--|--|
| SOBJECT. | Name o | f Limited Liability Com | pany | | | | |
| Dear Sir or N | Madam: | | | | | | |
| The enclosed | d Statement of Authority and fee(s) | are submitted for filing. | | | | | |
| Please return | all correspondence concerning this | matter to the following | ;: | | | | |
| Tanjanika B | rown | | | | | | |
| | Name of Person | | • | | | | |
| BKD Superi | or Painting and Cleaning Services. | LLC | | | | | |
| | Firm/Company | | | | | | |
| 1015 Dover | Street | | | | | | |
| | Address | | • | | | | |
| Tallahassee, | FL 32304 | | | | | | |
| | City/State and Zip Code | | • | | | | |
| BKD.Superio | orPaintClean@gmail.com | | | | | | |
| E-n | nail address: (to be used for future a | nnual report notification | n) | | | | |
| For further in | nformation concerning this matter, p | olease call: | | | | | |
| Tanjanika Bi | rown | 321 at (| 662-6782 | | | | |
| | 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 authority: | section 6 | 05.0302(1), Flori | da Statutes, this limi | ited liability o | company submits | the following | g statement of |
|------------------------|-----------------------|--|--|--------------------------|---------------------------------------|--------------------------|----------------|
| FIRST: Th | he name o | of the limited liab | ility company is: | (D Superior | Painting and Clea | ning Service | s,LLC |
| SECOND: | The Flo | rida Document Ni | umber of the limited | liability corr | pany is: | 305913 | |
| THIRD: T | | address of the lim | nited liability compa | | | | 7177 |
| Ta | ıllahassee | , FL 32304 | | | | | 2025 OCT 15 |
| | The maili | | limited liability com | pany's princ | ipal office is: | | 33:21.43 |
| Ta | illahassee | , FL 32304 | | | | | |
| | a person he follow | in a company, whing: ecute an instrume | ey grants or sets limitether as a member, the transferring real pron K Douglas, Tanj | ransferee, ma | anager, officer or in the name of the | otherwise or ne company. | |
| | b. | No authority gra | anted to: | | | | |
| 2. | May er a. | | nsactions on behalf or on K Douglas, Tan | | | , the compan | y. |
| | b. | No authority gra | anted to: | | | | |
| Janzan | mka | Brown | <i>)</i> | | Tanjanika Brown | | |
| Signature of | fauthoriz | ed representative | Filing Fee: Certified Co | \$25.00 py: \$30.00 (| Typed or printe | ed name of si | gnature |