

L990000009166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

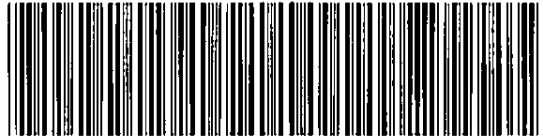
(Business Entity Name)

(Document Number)

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

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2023 OCT -5 AM 8:11  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROSPERITY 2000, 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:

JACK G. WILLIAMS, ESQ.

\_\_\_\_\_  
Name of Person

WILLIAMS & SYFRETT, PLLC

\_\_\_\_\_  
Firm/Company

502 HARMON AVENUE

\_\_\_\_\_  
Address

PANAMA CITY, FL 32402

\_\_\_\_\_  
City/State and Zip Code

MICKIE@WSGFIRM.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK G. WILLIAMS

850

763-5368

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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: PROSPERITY 2000, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L99000009166

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

900 W. 26TH STREET

LYNN HAVEN, FL 32444

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

900 W. 26TH STREET

LYNN HAVEN, FL 32444

**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.

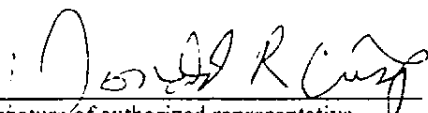
a. Granted to: D. RAY CRISP, JR.

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: D. RAY CRISP, JR.

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

  
Signature of authorized representative

DONALD R. CRISP

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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