

43000 83774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

AUG 07 2015

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Whitehead Trust 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:

Jesper Arnoldsson

Name of Person

Whitehead Trust LLC

Firm/Company

307 NE 1st Street

Address

Miami, FL 33132

City/State and Zip Code

admin@standardms.com

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

For further information concerning this matter, please call:

Jesper Arnoldsson

Name of Person

at ( 786 )

Area Code

301-1166

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**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: Whitehead Trust LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000083774

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

409 Applerouth Lane

Key West, FL 33040

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

307 NE 1st Street

Miami, FL 33132

**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: Jesper Arnoldsson

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: Jesper Arnoldsson

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

  
\_\_\_\_\_  
Signature of authorized representative

Jesper Arnoldsson

\_\_\_\_\_  
Typed or printed name of signature

**Filing Fee: \$25.00**

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

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17 AUG -6 PM 4:34