

L150000171600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

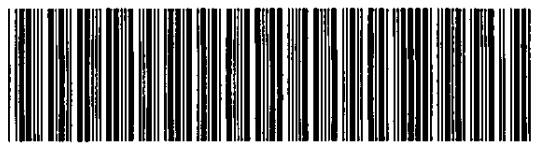
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 DEC 23 PM 12:59
TALLAHASSEE, FLORIDA

DEC 23 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 978 Harbor Terrace Road, 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:

D. John Morgeson, Jr.

Name of Person

de Beaubien, Knight, Simmons, Mantzaris, & Neal, LL

Firm/Company

332 N. Magnolia Avenue

Address

Orlando, FL 32801

City/State and Zip Code

djm00@dbksmn.com

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

For further information concerning this matter, please call:

D. John (Jack) Morgeson

Name of Person

at (

407

Area Code

992-3600

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

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: 978 Harbor Terrace Road, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000171600

THIRD: The street address of the limited liability company's principal office is:
910 Harbor Terrace Road
Tavares, FL 32778

The mailing address of the limited liability company's principal office is:
910 Harbor Terrace Road
Tavares, FL 32778

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specified person on the following:

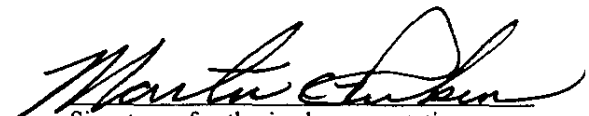
1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: Martin C. Pickens, Dulcie M. Pickens
and Wes Pickens

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: Martin C. Pickens, Dulcie M. Pickens
and Wes Pickens

b. No authority granted to: N/A

15 DEC 23 PM 1:00
RECEIVED
CLERK OF COUNTY OF ST. JOHNS
TALLAHASSEE, FLORIDA


Signature of authorized representative

Martin C. Pickens
Typed or printed name of signature

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