

L15000196031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 13 2015
J SHIVERS

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RONALD E. SHNIDER - Of Counsel ***
ROBERT M. LEVIN - Of Counsel ****

- * Supreme Court Certified Circuit Mediator
- ** Also Admitted in Texas
- *** Also Admitted in Washington D.C
- **** Also Admitted in New York and Connecticut

December 7, 2015

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

RE: RIOK EQUIPMENT LLC

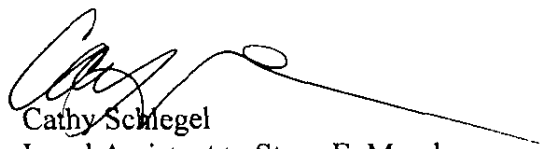
Dear Sir or Madam:

Enclosed please find Statement of Authority for the above referenced limited liability company

Also enclosed is our check in the amount of \$25.00 representing the filing fee.

Thank you for your cooperation.

Very truly yours,


Cathy Schlegel
Legal Assistant to Steve E. Moody
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIOK EQUIPMENT 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:

STEVE E. MOODY

Name of Person

MOODY, JONES & INGINO, P.A.

Firm/Company

1333 S. UNIVERSITY DR. #201

Address

PLANTATION, FL 33324

City/State and Zip Code

SMOODY@MOODYJONES.COM

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

For further information concerning this matter, please call:

STEVE E. MOODY

at (**954**) **880-2021**

Name of Person

Area Code

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: RIOK EQUIPMENT LLC

SECOND: The Florida Document Number of the limited liability company is: L15000196031

THIRD: The street address of the limited liability company's principal office is:
5301 Pine Tree Road
Parkland, FL 33067

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

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: GEORGE ROBERT SALISBURY III,
MARTHA SALISBURY, GEORGE ROBERT SALISBURY IV

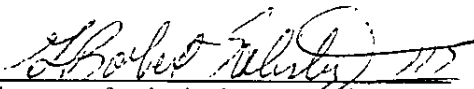
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: GEORGE ROBERT SALISBURY III,
MARTHA SALISBURY, GEORGE ROBERT SALISBURY IV

b. No authority granted to: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature of authorized representative

GEORGE ROBERT SALISBURY III
Typed or printed name of signature

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