

**L170001911603**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

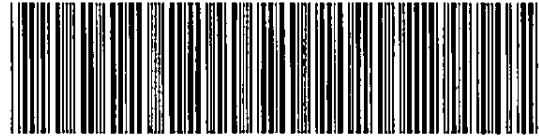
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**500303576725**

09/26/17--01018--002 \*\*55.00

DIVISION OF CORPORATIONS AND BUSINESSES  
17 SEP 26 AM 11:46

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5C's Holdings 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:

Christopher Conley  
\_\_\_\_\_  
Name of Person

5C's Holdings LLC  
\_\_\_\_\_  
Firm/Company

4059 Fordham Ct  
\_\_\_\_\_  
Address

Livermore Ca 94550  
\_\_\_\_\_  
City/State and Zip Code

5csholdingsllc@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Conley at (650) 218-3135  
\_\_\_\_\_  
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: 5C's Holdings, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000191603

**THIRD:** The street address of the limited liability company's principal office is:  
4059 Fordham Ct  
Livermore Ca 94550

The mailing address of the limited liability company's principal office is:  
4059 Fordham Ct  
Livermore Ca 94550

FILED  
17 SEP 26 AM 11:14  
STATEMENT OF AUTHORITY

**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.

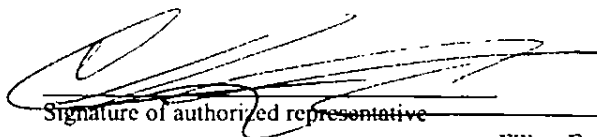
a. Granted to: Zachary Conley, MGR  
Brittany Conley, MGR

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: Zachary Conley, MGR  
Brittany Conley, MGR

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



Signature of authorized representative

Christopher Conley

Typed or printed name of signature

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