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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

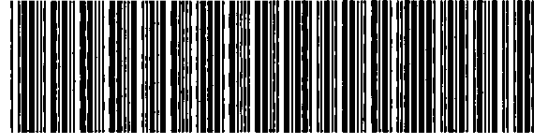
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WH-95772

Office Use Only



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12/22/14--01006--009 **350.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

15 JAN 26 PM 1:30

APPROVED
AND
FILED

WH

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: RS CARES 062014 TRUST

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

FEES:

Declaration of Trust	\$350.00
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OPTIONAL:

Certified Copy	\$ 8.75
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FROM: SKYWAY LAW GROUP

Name (Printed or typed)

13700 58TH STREET NORTH SUITE 203

Address

CLEARWATER FL 33760

City, State & Zip

727 557 6945

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2014

SKYWAY LAW GROUP
13700 58TH STREET NORTH SUITE 203
CLEARWATER, FL 33760

SUBJECT: RS CARES 062014 TRUST
Ref. Number: W14000075772

We have received your document for RS CARES 062014 TRUST and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

1). A copy of the trust must be attached to the Affidavit to file or qualify a Trust. 2) Two or more person must be name in the Trust. 3). Affidavit must be notarized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 614A00027041

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

RS CARES 062014 TRUST

A FLORIDA BUSINESS TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of RS CARES 062014 TRUST, a

FLORIDA (Name of Trust)

Trust hereby affirms in order to file or qualify

RS CARES 062014 TRUST, in the State of Florida.

(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is 677 N. WASHINGTON BLVD.,
SARASOTA, FL 34231
3. The registered agent and street address in the State of Florida is:
SKYWAY LAW GROUP, P.A., 13700 58TH STREET NORTH, SUITE 203,
CLEARWATER, FL 33760
4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.

JONATHAN BENJAMIN

Name:

NOTARY

Chairman of the Board of Trustees

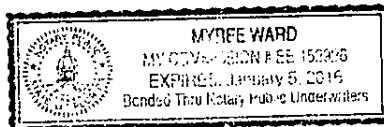
Filing Fee: \$350.00

Certified Copy: \$ 8.75 (optional)

CR2E063(3/00)

Myree Ward

MYREE WARD 1/6/15



AFFIDAVIT OF BUSINESS TRUST

STATE OF FLORIDA
COUNTY OF SARASOTA

APPROVED
AND
FILED
19 JAN 26 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, on this day personally appeared ALEKSANDR F. FILIPSKIY, as agent for TRUSTEE, who being first duly sworn, deposes and says that:

1. The following Trust is the subject of this Affidavit:

RS CARES 062014 TRUST DATED: April 30th, 2014

2. The names of the currently acting Trustee(s) are:

NEL & TRUST, LLC.

3. The Trust mailing address/Registered Agent is:

SKYWAY LAW GROUP, P.A.
13700 58TH STREET NORTH
SUITE 203
CLEARWATER, FL 33760

4. The Trust is currently in full force and effect.

5. The Trustee(s) powers, duties and responsibilities are as per the Declaration of Trust and Trust Agreement dated the 30th day of APRIL, 2014, and the subsequent public records deed filings which show the Trustee(s) name(s).

6. The signatories hereof are currently the acting Trustee(s) of the Trust named herein.

7. The signatories hereof have been granted full power and authority under the Trust provisions to take the following action(s) without obtaining consent from the Beneficiaries, to wit:

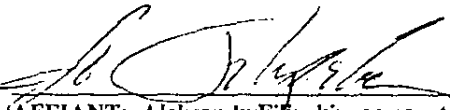
Full power to contract to sell, to grant options to purchase, to sell on any terms, to convey either with or without consideration, to convey said real estate or any part thereof, by leases to commence in praesenti or in futuro, and to renew or extend leases and to amend, change or modify leases and the terms and provisions thereof, to contract to make leases and to grant options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals; to partition or exchange said real estate or any part thereof for other real or personal property, to grant easements or charges of any kind, to release, convey or assign any right, title or interest in or about said real estate or any part thereof, and to deal with said real estate and every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter, including filing lawsuits and hiring counsel.

8. The signatories hereof declare that the foregoing statements are true and correct, under penalty of perjury.

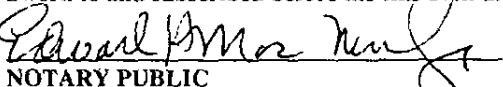
FURTHER AFFIANT(S) SAYETH NOT.

Signed, sealed and delivered in the presence of:


UNOFFICIAL WITNESS (Seal)


AFFIANT: Aleksandr Filipskiy, as agent for NEL & Trust, LLC., the appointed and currently acting Trustee. (Seal)

Sworn to and subscribed before me this 17th day of December, 2014.


NOTARY PUBLIC



Prepared By and After Recording Return to:
RS CARES 062014 TRUST
5077-109 FRUITVILLE RD
SUITE #133
SARASOTA, FL 34232

APPROVED
AND
FILED

15 JAN 26 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF TRUST

STATE OF FLORIDA
COUNTY OF SARASOTA

The undersigned Trustee(s), being first duly sworn, on oath state:

1. The name of the Trust is: RS CARES 062014 TRUST
2. The date of the Trust instrument is: APRIL 30, 2014
The name of each grantor is:

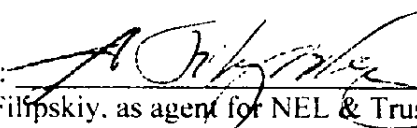
RS CARES FOUNDATION CORP.

3. The powers of the Trustee(s) and the signature authority required to act are as follow:
Trustee shall have the full powers and authority as described in **Exhibit "A" – Affidavit of Trust**, attached hereto and made a part hereof by reference.
4. The name and address of each Trustee empowered to act under the Trust instrument at the time of execution of this certificate:
NEL & TRUST, LLC.
5077-109 Fruitville Rd, Ste 133
Sarasota, FL 34232
JONATHAN M. BENJAMIN
5077-109 Fruitville Rd. Ste 133
Sarasota, FL 34232
5. The Trust instrument has not been terminated, revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect:
6. Any person may rely upon this Certificate of Trust as proof of the existence of the Trust, and is relieved of any obligation or duty to verify any transaction entered into by the Trustee(s) is consistent with the terms and conditions of the Trust.
7. This Certificate of Trust is executed as evidence of the existence of the Trust, the terms and conditions of which are incorporated herein by reference. By the terms of the Trust, in event of the death, resignation or incapacity of the Primary Trustee(s), the Successor Trustee(s) shall become acting Trustee(s) without further act, bond or order.

8. Title to Trust assets shall be taken in the following manner: WARRANTY DEED, QUITCLAIM DEED
9. This Certificate of Trust is signed by all appointed and currently acting Trustee(s) of the Trust.

The statements contained in this Certificate of Trust are true and correct and there are no provisions in the Trust instrument, or amendments to it, that limit the powers of the Trustee(s) to sell, convey, pledge, mortgage, lease or transfer title to interests in real or personal property.

Date: November 30, 2014

Signature of Trustee: 

Print Name: Aleksandr Filipskiy, as agent for NEL & Trust, LLC.,
the appointed and currently acting Trustee.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 26 PM 1:35

RECORDED
AND
FILED