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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

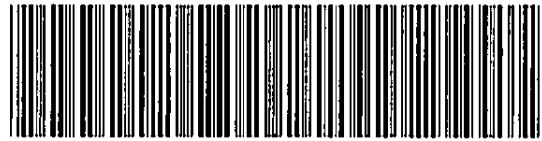
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/31/24--01029--018 **358.75

TRANSMITTAL LETTER

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

SUBJECT: LARRY LANCASTER 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: LARRY LANCASTER

Name (Printed or typed)

55245 MOUNT OLIVE ROAD

Address

CALLAHAN, FLORIDA 32011

City, State & Zip

904-335-7229

Daytime Telephone number

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

LARRY LANCASTER TRUST

A IRREVOCABLE 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 LARRY LANCASTER TRUST, a

FLORIDA (Name of Trust)

Trust hereby affirms in order to file or qualify

(State)

LARRY LANCASTER TRUST, in the State of Florida.

(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is 55245 MOUNT OLIVE ROAD
CALLAHAN, FLORIDA 32011
3. The registered agent and street address in the State of Florida is:
LARRY LANCASTER
55245 MOUNT OLIVE ROAD CALLAHAN, FLORIDA 32011
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.

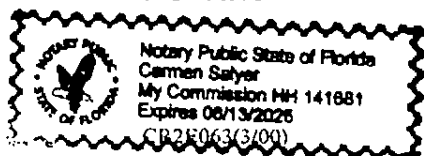
BY: *Larry Lancaster*

(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.

Carmen Salzer
NOTARY

Larry Lancaster *Larry Lancaster*
Name:
Chairman of the Board of Trustees



Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional)

DECLARATION of PRIVATE TRUST

This Private Trust is established under the Common Law Right of Contract within the State of Florida _____ by and between the undersigned Grantor/Creator Larry T Lancaster Jr., Trustee Larry Lancaster and Trustee Lisa Lancaster as an Irrevocable Private Trust and shall be administered by the people holding legal title to the Trust assets in the Trust, not as individuals, but collectively as herein set forth and are empowered to function under the name of the Private Trust for the benefit of the beneficiaries. To reserve privacy, beneficiary (ies) is/are named in Trust Minutes.

DECLARATION of AUTHORITY

This Contract shall serve as the Board of Trustee's, and/or Agent's guide from time to time, directed by further resolutions of the Board of Trustees, covering contingencies as they arise and are recorded in the Minutes of its meetings. Trust Minutes are a portion of the rules and regulations of this Trust. The said Minutes are to be substantiated by all members of the Board of Trustees. Such authority as awarded herein is possessed by the Board of Trustees of this Trust alone, thus leaving for determination of the courts only the question of conscientious dealing of those persons, or their Agents.

The Board of Trustees shall have all the power necessary, convenient or appropriate to effectuate the purpose of this Trust; and shall take any action which it deems necessary or desirable and proper to carry out such purposes, provided however, that those purposes and actions shall not be inconsistent with other provisions herein, or contrary to law. Any determination of the purpose of this Trust, made in good faith by the Board of Trustees, shall be conclusive. In construing the purpose of this Trust Indenture Declaration and Trust Minutes, the presumption shall be in favor of the grant of power to the Board of Trustees.

NAME and SITUS of TRUST

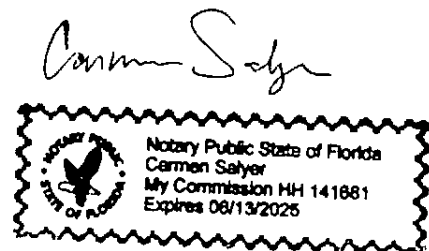
The present name and situs/address of this Private Irrevocable Trust shall be as set forth below, but the Board of Trustees shall have the power to change the situs to any other place which shall be deemed necessary to the operation of this Trust. For purposes of receiving mail, the following address will be used:

Private Trust Mailing Address

Larry Lancaster Trust

55245 Mount Olive Road

Callahan, Florida 32011



NOTARY ACKNOWLEDGEMENT

I, Carmen Salyer in the State of Florida and county of Nassau

acknowledge the foregoing instrument; DECLARATION of PRIVATE TRUST / DECLARATION of

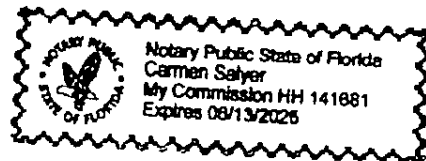
AUTHORITY / NAME & SITUS of TRUST was presented and signed before me this 10th

day of May 2024, having satisfactory proven to be the persons whose names are subscribed within.

NOTARY SIGNATURE Carmen Salyer

SEAL

COMMISSION EXPIRATION 6/13/2025



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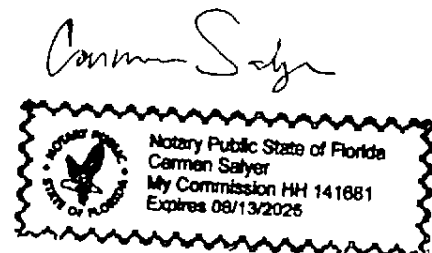
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