

L020000 13750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

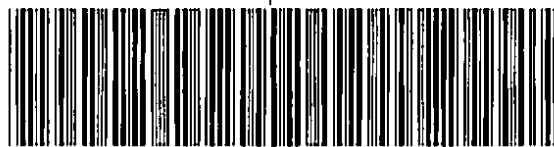
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2018 JAN 10 PM 2:48  
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J. HARRIS

2018 JAN 10 AM 8:41

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

3458 Lakeshore Drive, Tallahassee, Florida 32312

**(850) 656-4724**

DATE 1/10/2018

**\*\*WALK IN\*\***

ENTITY NAME RJR-JAR, LLC

DOCUMENT NUMBER L02000013750

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XX _____	<i>Plain Copy</i>
_____	<i>Certified Copy</i>
_____	<i>Certificate of Status</i>

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION

NUMBER OF CERTIFICATES REQUESTED

**TOTAL OWED** 25.00

CHECK # 4409

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: RJR-JAR, LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L02000013750

THIRD: The street address of the limited liability company's principal office is:

994 SE Atlantic Drive

Lantana, FL 33462

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

PO BOX 789

PALM BEACH, FL 33480

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.

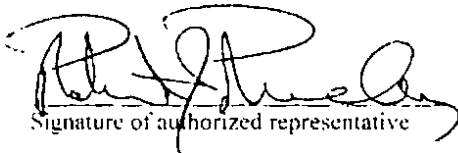
a. Granted to: Robert J. Reveley

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: Robert J. Reveley

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

  
Signature of authorized representative

Robert J. Reveley

Typed or printed name of signature

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