

L03000011527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

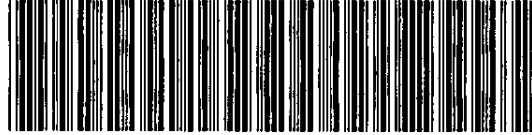
(Business Entity Name)

(Document Number)

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2015 FEB 25 AM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 16 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHG-NF 1, 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:

**Denise Lowry Hutson, Esquire**

Name of Person

**Salter Feiber, PA**

Firm/Company

**3940 NW 16th Blvd., Bldg. B**

Address

**Gainesville, FL 32605**

City/State and Zip Code

**darskid@yahoo.com**

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

For further information concerning this matter, please call:

**Angela Bowen**

Name of Person

at ( **352** ) **416-0428**

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

## **Salter • Feiber**

ATTORNEYS AT LAW

3940 NW 16<sup>th</sup> Boulevard, Bldg. B  
Gainesville, Florida 32605

P.O. Box 357399  
Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996  
www.salterlaw.net

March 12, 2015

**VIA FEDEX**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: SHG-NF 1, LLC

To Whom It May Concern:

Enclosed with this correspondence, please find the following:

1. Cover Letter, Statement of Authority, and this firm's check in the amount of \$55.00 for the filing fee and a certified copy. An extra copy of the Statement of Authority has been provided for certification.

Once this document has been filed, please return it to our office ASAP using the FedEx envelope provided.

If you have any questions regarding the enclosed, please call us.

Sincerely,



Angela L. Bowen  
Legal Assistant to Denise Lowry Hutson

:ab  
Enclosures

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: SHG-NF1, LLC

SECOND: The Florida Document Number of the limited liability company is: 203000011527  
112000041362

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

3910 SW 93rd Drive  
Gainesville, FL 32608

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

3910 SW 93rd Drive  
Gainesville, FL 32608

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 A. Skidmore, Jr. and  
Cheryl D. Skidmore

b. No authority granted to: N/A

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


a. Granted to: Robert A. Skidmore, Jr. and  
Cheryl D. Skidmore

b. No authority granted to: N/A

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 FEB 25 AM 4:14

FILED

  
Signature of authorized representative

Robert A. Skidmore Jr.  
Typed or printed name of signature

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