

# L04000051018

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outigan FEB 27 2015

**Stewart Title Company**

Cindy Silverstein, CLC  
Branch Operations Manager

333 17<sup>th</sup> Street, Suite F  
Vero Beach, FL 32960  
(772) 569-7603 main  
(772) 569-6006 fax

February 19, 2015

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

Re: our file 01206-34497

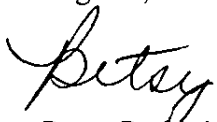
To whom it may concern,

Enclosed is an executed Cover Letter and Statement of Authority for NIC Management, LLC. Also enclosed is our check in the amount of \$55.00 to cover the filing fee and fee to obtain a certified copy to be recorded in our county.

Please return the certified copy to our office in the SASE provided.

Please contact me directly if you should have any questions processing this request.

Regards,



Betsy Barberio  
Escrow Officer  
bbarberi@stewart.com

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NIC Management, 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:

Wendy Wilson  
Name of Person

NIC Management LLC  
Firm/Company

5500 Military Trail, Suite 22-338  
Address

Jupiter, FL 33458  
City/State and Zip Code

danielle@ahsrealty.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Wilson at (772) 559-2160  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: NLC Management, LLC

**SECOND:** The Florida Document Number of the limited liability company is: LS4000051018

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

5500 Military Trail  
Suite 22-338  
Jupiter, FL 33458

**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: Wendy Wilson & Stephen Denny

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: Wendy Wilson & Stephen Denny

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

Wendy Wilson  
Signature of authorized representative

Wendy Wilson  
Typed or printed name of signature

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