

105 0000 20890

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SECRETARY OF STATE
TALLAHASSEE, FL

Statement
of
Authority

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCKPILE, 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:

Barbara Buck

Name of Person

Butler Land Holding I

Firm/Company

10109 Lake Lamar Ct

Address

Jacksonville, FL 32256

City/State and Zip Code

Barbarabutlerbuck@gmail.com

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

For further information concerning this matter, please call:

Barbara Buck

904

612-6393

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2021

BARBARA BUCK
BUTLER LAND HOLDING I
10109 LAKE LAMAR CT
JACKSONVILLE, FL 32256

SUBJECT: ROCKPILE, LLC
Ref. Number: L05000020890

We have received your document for ROCKPILE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 421A00003040

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: ROCKPILE, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000020890

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

10109 Lake Lamar ct

Jacksonville, FL 32256

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

10109 Lake Lamar ct

Jacksonville, FL 32256

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: Barbara Buck

b. No authority granted to: Blair Butler May

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

a. Granted to: Barbara Buck

b. No authority granted to: Blair Butler May

Barbara Buck
Signature of authorized representative

Barbara Buck

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 10 PM 5:15

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