

L05000054029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FEB -9 2015

T. BROWN

Williams, Gautier, Gwynn & DeLoach, P.A.

Requestor's Name

Post Office Box 4128

Address

Tallahassee, FL 32315 850-386-3300

City/State/Zip

Phone #

Charlene M. Sclame

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Holistic Investment LO5000054029
(Corporation Name) Properties (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holistic Investment Properties, 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:

Sanford Schmookler

Name of Person

Firm/Company

P.O. Box 15191

Address

Tallahassee, FL 32317

City/State and Zip Code

5schmooks@earthlink.net

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

For further information concerning this matter, please call:

Sanford Schmookler at **850** **509-2400**
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

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: Holistic Investment Property, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000054029

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

2317 Tour Eiffel Drive

Tallahassee, FL 32308

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

P.O. Box 15191

Tallahassee, FL 32317

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15 FEB -6 PM 1:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

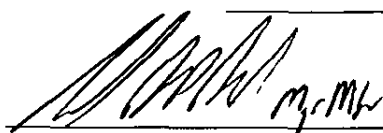
a. Granted to: Sanford Schmookler


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: Sanford Schmookler

b. No authority granted to: _____


Signature of authorized representative

Sanford Schmookler 
Typed or printed name of signature

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