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SECRETARY OF STATE

T. BROWN

JUN - 4 2014

COVER LETTER

TO:	Registration Section
	Division of Corporations
SUBJECT:	Augustus LLC
	Name of Limited Liability Company
Dear Sir	or Madam:
The encl	osed Statement of Authority and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
Linda	Willoughby Tackett
	Name of Person
Augus	stus LLC
	Firm/Company
17932	Lake lola Rd.
	Address
Dade	City, FL 33523
	City/State and Zip Code
tacket	t42101@gmail.com
<u> </u>	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:

STREET/COURIER ADDRESS:

Name of Person

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

807-1418

Daytime Telephone Number

352

Area Code

MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

Linda W. Tackett



STATEMENT OF AUTHORITY

authority		ng statement of
FIRST:	The name of the limited liability company is: Augustus LLC	
SECON	D: The Florida Document Number of the limited liability company is:	
	The street address of the limited liability company's principal office is:	
	17932 Lake lola Rd	TALE
	Dade City, FI 33523	MAY -
	The mailing address of the limited liability company's principal office is: 17932 Lake Iola Rd.	SECRETARY OF STATE
	Dade City, FI 33523	P
person of	of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company a. Granted to: Linda Willoughby Tackett	·
	b. No authority granted to: Holly Duncan	
	May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Linda Willoughby Tackett	пу.
	b. No authority granted to: Holly Duncan	
- 0 - 1	Augustus LL by and lactiff MC MR e of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	