

Lo7000029318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

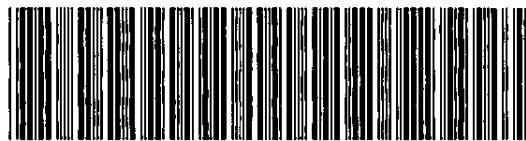
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 6 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arnold Insurance & Financial Services, 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:

Terri Lynn Arnold

Name of Person

Arnold Insurance & Financial Services, LLC

Firm/Company

511 Delannoy Avenue, Unit 2

Address

Cocoa, Florida 32922

City/State and Zip Code

arnoldfinancial@bellsouth.net

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

For further information concerning this matter, please call:

Terri Lynn Arnold

Name of Person

at (321)

Area Code

636-5858

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: Arnold Insurance & Financial Services, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000029318

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

511 Delannoy Avenue

Unit 2

Cocoa, Florida 32922

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

511 Delannoy Avenue

Unit 2

Cocoa, Florida 32922

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: James Michael Arnold

Terri Lynn Arnold

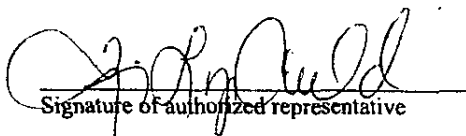
b. No authority granted to: _____

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

a. Granted to: James Michael Arnold

Terri Lynn Arnold

b. No authority granted to: _____


Signature of authorized representative

Terri Lynn Arnold

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA