

L070000 126 374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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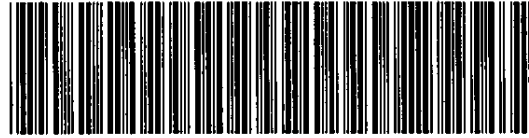
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TAMPA, FLORIDA

APR 11 2016

S MASON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OLE GENERAL STORE 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:

Robert J. Hughes  
Name of Person

Ole General Store  
Firm/Company

1305 N Hart Rd.  
Address

Geneva, FL 32732  
City/State and Zip Code

bob@olegeneralstore.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damaris G. Claude at (321) 296-3533  
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: OLE GENERAL STORE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L07000126374

**THIRD:** The street address of the limited liability company's principal office is:  
320 Avenue C  
Geneva, FL 32732

The mailing address of the limited liability company's principal office is:  
1305 N. Hart Rd.  
Geneva, FL 32732

**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: Timothy M. Hughes
- 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: Timothy M. Hughes
- b. No authority granted to: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Robert J. Hughes  
Signature of authorized representative

Robert J. Hughes  
Typed or printed name of signature

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