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Enumatore Jo Johnson

## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:	Twelve Stones, LLC		
000011	Name of Limited	Liability Comp	pany
Dear Sir or !	Madam:		
The enclosed	d Statement of Authority and fee(s) are subm	itted for filing.	
Please return	all correspondence concerning this matter to	the following:	
KENNET	H C. PAYNE		
	Name of Person		
Twelve S	tones, LLC		
	Firm/Company		
1335 CR	EIGHTON ROAD		
	Address		
PENSAC	OLA, FL 32504		
	City/State and Zip Code		
Е-г	nail address: (to be used for future annual rep	oort notification	<del>)</del>
For further in	nformation concerning this matter, please cal	1:	
Kenneth	C. Payne	850	380-2777
	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: TWELVE STONES, 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: 1335 CREIGHTON ROAD	
	PENSACOLA, FL 32504	
	The mailing address of the limited liability company's principal office is: 1335 CREIGHTON ROAD	
	PENSACOLA, FL 32504	
position	Th: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following:	
	May execute an instrument transferring real property held in the name of the company     a. Granted to: KENNETH C. PAYNE, as Manager	2072 JUL 21
	b. No authority granted to:	21 23111
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp  a. Granted to: KENNETH C. PAYNE, as Manager  Output  Description:	r
	b. No authority granted to:	
Ke	KENNETH C. PAYN	
Signatur	e of authorized representative  Filing Fee: \$25.00	signature

Filing Fee:

Certified Copy: \$30.00 (optional)