

108000115603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

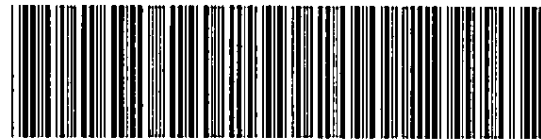
(Document Number)

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

Special Instructions to Filing Officer:

2017 NOV -6 PM 5:52

Office Use Only



900305088099

11/07/17--01001--021 \*\*\$5.00

2017 NOV -6 PM 1:44

17 NOV -6 PM 1:44

FILED

Q. SIMMONS  
NOV 08 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JDF Landing, 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:

Jack G. Williams

\_\_\_\_\_  
Name of Person

Jack G. Williams, Attorney at Law

\_\_\_\_\_  
Firm/Company

Post Office Box 2176

\_\_\_\_\_  
Address

Panama City, FL 32501

\_\_\_\_\_  
City/State and Zip Code

bharris@phoenix-fl.com

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

For further information concerning this matter, please call:

Jack G. Williams

850

763-5368

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: JDF Landing, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L08000115603

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

1805 Tennessee Avenue

Lynn Haven, FL 32444

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

1805 Tennessee Avenue

Lynn Haven, FL 32444

**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: Robert D. Harris, III

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: Robert D. Harris, III

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

James D. Finch  
Managing Member  
Typed or printed name of signature

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

FILED  
17 NOV -6 PM 1:44