

LD9000010070

(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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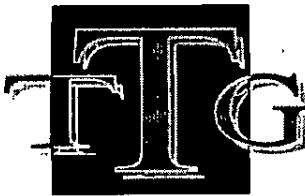
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TALLAHASSEE TITLE GROUP, LLC

1407 PIEDMONT DRIVE EAST, TALLAHASSEE, FL 32308

Email: Jamie@TallahasseeTitle.com

Phone: 850-580-2222

Fax: 850-580-2229

November 18, 2016

Via U.S. Mail

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Re:

Property Address: Lots 17, 18, & 19 C, Sparkleberry Dr., Quincy, FL 32351

Limited Liability Company: Sheline Properties, LLC

FL Document Number: L09000010070

Dear Sir or Madame:

Enclosed you will find a trust check from our office in the amount of **\$25.00**.
Please register, and file, the attached documents accordingly.

If you have any questions or concerns please contact our office at 850-580-2222.

Sincerely,

A handwritten signature in cursive script that reads "Abigail Greene".

Abigail Greene
Closing Assistant

;ag
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheline Properties, 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:

Martin E. Sheline

Name of Person

Firm/Company

425 Bayshore Drive Unit 19

Address

Panama City Beach, FL 32407

City/State and Zip Code

msheline@gmail.com

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

For further information concerning this matter, please call:

Martin E. Sheline

Name of Person

at (850)

747-4905

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: Sheline Properties, LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L09000010070

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

425 Bayshore Dr. Unit 19

Panama City Beach, FL 32407

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

425 Bayshore Dr., Unit 19

Panama City Beach, FL 32407

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: Martin E. Sheline

Manager

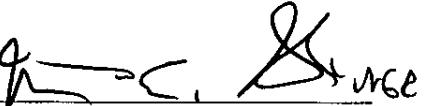
b. No authority granted to: _____

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

a. Granted to: Martin E. Sheline

Manager

b. No authority granted to: _____


Signature of authorized representative

Martin E. Sheline
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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