

L09000010070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

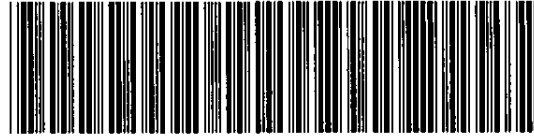
(Business Entity Name)

(Document Number)

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J. HARRIS

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December 22, 2016

*Via Hand Delivery*

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find a trust account check in the amount of \$55.00, together with a Statement of Authority for Sheline Properties, LLC, a Florida limited liability company. Please file the enclosed Statement with the Division of Corporations and issue a Certified Copy of the filing.

If you have any questions, please contact me.

Sincerely,



Carrie E. Thomson  
Paralegal to Charles R. Gardner

/ct  
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

**SHELINE PROPERTIES, LLC**

Firm/Company

**425 BAYSHORE DRIVE, UNIT 19**

Address

**PANAMA CITY BEACH, FLORIDA 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**

at ( **850** ) **747-4905**

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: 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 DRIVE, UNIT 19  
PANAMA CITY BEACH, FLORIDA 32407

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

425 BAYSHORE DRIVE, UNIT 19  
PANAMA CITY BEACH, FLORIDA 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 ENGWALL SHELINE  
as 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 ENGWALL SHELINE  
as Manager

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



Signature of authorized representative

Raymond Kenneth Sheline

Typed or printed name of signature

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

16 DEC 22 AM 8:49

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JACKSONVILLE, FLORIDA