

LO9 0000 40329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

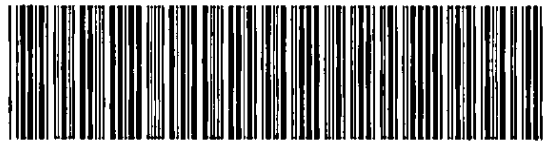
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MasterCraft Builder Group, 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:

Chris Shee

Name of Person

MasterCraft Builder Group, LLC

Firm/Company

200 Business Park Circle, Suite 105

Address

Saint Augustine, FL 32095

City/State and Zip Code

Chris@MasterCraftBuilderGroup.com

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

For further information concerning this matter, please call:

Chris Shee

904
at ()

838-7153

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: MasterCraft Builder Group, LLC

SECOND: The Florida Document Number of the limited liability company is: 1.09000040329

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

200 Business Park Circle

Suite 105

Saint Augustine, FL 32095

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

200 Business Park Circle

Suite 105

Saint Augustine, FL 32095

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: Bradley K. Shee

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: Bradley K. Shee

b. No authority granted to: _____



Signature of authorized representative

Chris Shee

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)