(Requestor's Name)	
(Address)	800304435378
(Address) (City/State/Zip/Phone #)	
(Business Entity Name)	10/16/1701015009 **25.00
(Document Number)	
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## **COVER LETTER**

TO: 
Registration Section
Division of Corporations

# Southeast Wall Systems LLC

SUBJECT:

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:

**Ronald Bhame** 

Name of Person

Southeast Wall Systems LLC

Firm/Company

628 Hampton Downs Court

Address

Saint Johns FL 32259

City/State and Zip Code

## butchb@sewallsystems.com

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

For further information concerning this matter, please call:

Ronald Bhame	904	226-5373	
	_ at (	)	
Name of Person	Area C	ode Daytime Teleph	one 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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

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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: \_\_\_\_\_\_ Southeast Wall Systems, LLC

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

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

628 Hampton Downs Court

Saint Johns FL 32259

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

610 E Bell Rd

Ste 2-150

Phoenix, AZ 85022

**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 ex	ecute an instrument transferring real property held in the name of the company.		017	فيبزعه
	a.	Granted to: Theresa Marie Haefner	an Ar an Frank	0CT	cirenti E f
			েইড়ে কুম্ব	5	, 1
			ni cji		j, ĭ
	b.	No authority granted to:	•	:X IZ:	، ت <sub>س</sub> ره
			43	<u>C71</u>	

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

a. Granted to : \_\_\_\_\_

b. No authority granted to:

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)