

L10000000 2216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

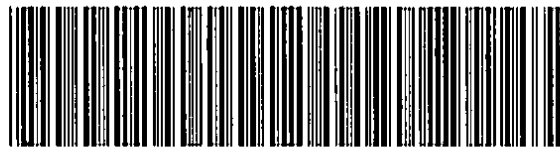
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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**PREMIER TITLE PARTNERS
OF FLORIDA LLC**

145 NW Central Park Plaza / Ste 200 / Port St. Lucie, FL 34986
Phone: 772-206-4606 / Fax: 772-301-1875
loricoren@premiertitlepartners.com

October 30, 2020

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Filing on behalf of: Jason Michael Coley, LLC
1357 Scarlet Oak Circle
Vero Beach, FL 32966

To whom it may concern:

Please find attached Statement of Authority for Jason Michael Coley, LLC, check in amount of \$55 for Filing Fee and Certified Copy. I've also included a self-addressed stamped envelope for the return of the certified copy.

Your assistance with this matter is appreciated.

Thank you,

A handwritten signature in black ink, appearing to read 'Lourdes Coren', written in a cursive style.

Lourdes Coren
Escrow Closer Assistant

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jason Michael Coley 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:

Jason Michael Coley

Name of Person

Jason Michael Coley LLC

Firm/Company

1357 Scarlet Oak Circle

Address

Vero Beach FL 32966

City/State and Zip Code

jason@teamcoley.com

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

For further information concerning this matter, please call:

Jason Coley

772

201-5229

at (_____) _____

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: Jason Michael Coley LLC

SECOND: The Florida Document Number of the limited liability company is: L10000002216

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

1357 Scarlet Oak Circle

Vero Beach FL 32966

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

1357 Scarlet Oak Circle

Vero Beach FL 32966

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.

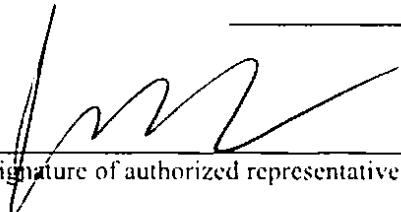
a. Granted to: Jason Michael Coley

b. No authority granted to: Rence R. Coley, Aaron Ryan Richmond

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

a. Granted to: Jason Michael Coley

b. No authority granted to: Rence R. Coley, Aaron Ryan Richmond



Signature of authorized representative

Jason Michael Coley

Typed or printed name of signature

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