

L10000039369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAULER & ASSOCIATES, 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:

Scott Koval

Name of Person

Florida Counseling and Evaluation Services

Firm/Company

6950 Philips Highway, Suite 11

Address

Jacksonville, FL 32216

City/State and Zip Code

information@flces.com

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

For further information concerning this matter, please call:

Scott Koval

904

549-7503

Name of Person

at (_____) _____

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: GAULER & ASSOCIATES, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000039369

THIRD: The street address of the limited liability company's principal office is:
6950 Philips Highway, Suite 9 - 12, Jacksonville, FL 32216

The mailing address of the limited liability company's principal office is:
PO Box 54723, Jacksonville, FL 32245

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: _____

b. No authority granted to: Andy Gauler

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: Andy Gauler

 12/1/16
Signature of authorized representative

Scott Koval
Typed or printed name of signature

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