

L10000058900

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SECRETARY OF STATE
OFFICE OF CORPORATION

MAY 02 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 23 WEST PARTNERS, 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:

JIM STOCKMAN

Name of Person

JAMES J. STOCKMAN, ATTORNEY AT LAW

Firm/Company

2579 SW 87TH DRIVE

Address

GAINESVILLE, FL 32608

City/State and Zip Code

JIM@VIKINGCOMPANIES.ORG

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

For further information concerning this matter, please call:

JIM STOCKMAN

352

415-8014

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

JIM STOCKMAN
2579 SW 87TH DRIVE
GAINESVILLE, FL 32608

SUBJECT: 23 WEST PARTNERS, LLC
Ref. Number: L10000058900

We have received your document for 23 WEST PARTNERS, LLC and your check(s) totaling \$115.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00007617

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DIVISION OF CORPORATIONS

RECEIVED
2017 APR 28 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 23 WEST PARTNERS, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000058900

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

2579 SW 87TH DRIVE

GAINESVILLE, FL 32608

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

SAME AS ABOVE

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.

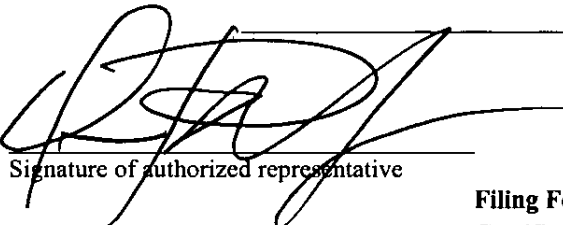
a. Granted to: SVEIN H DYRKOLBOTN, as President

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: SVEIN H DYRKOLBOTN, as President

b. No authority granted to: _____


Signature of authorized representative

SVEIN H DYRKOLBOTN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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17 APR 28 PM 2:56

CLERK OF STATE
DIVISION OF CORPORATE AFFAIRS