

L10000119750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

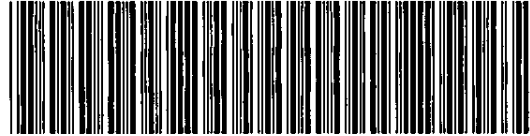
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400273319624

05/26/15--01051--004 **55.00

FILED
15 MAY 26 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Collision Management, 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:

Gordon Kelly

Name of Person

Florida Collision Management, LLC

Firm/Company

900 South Old Dixie Highway

Address

Jupiter, FL 33458

City/State and Zip Code

gkelly@schmidtsflorida.com

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

For further information concerning this matter, please call:

Gordon Kelly

Name of Person

at (561)

Area Code

373-6772

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: Florida Collision Management, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000113780

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

900 South Old Dixie Highway

Jupiter, FL 33458

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

900 South Old Dixie Highway

Jupiter, FL 33458

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: Gordon Kelly

b. No authority granted to: Robi Tschappat and Robert Marsh

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

a. Granted to: Gordon Kelly

b. No authority granted to: Robi Tschappat and Robert Marsh

Signature of authorized representative

MARK HINKLE

GORDON KELLY
ROBI TSCHAPPAT
ROBERT MARSH

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
15 MAY 26 AM 8:52
STATE OF FLORIDA
CLERK OF CIRCUIT COURT
JACKSONVILLE