

L110000 21898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

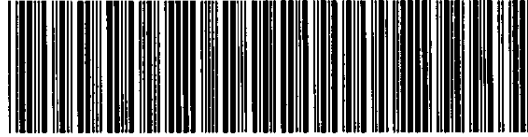
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WL BAILEY GROUP 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:

LOUISE BAILEY

Name of Person

WL BAILEY GROUP LLC

Firm/Company

513 BUTTERFLY COVE

Address

TITUSVILLE, FL 32780

City/State and Zip Code

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

For further information concerning this matter, please call:

LOUISE BAILEY

Name of Person

at (321)

Area Code

264-0437

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: WL BAILEY GROUP LLC

SECOND: The Florida Document Number of the limited liability company is: L11000021895

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

513 BUTTERFLY COVE

TITUSVILLE, FL 32780

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

513 BUTTERFLY COVE

TITUSVILLE, FL 32780

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.

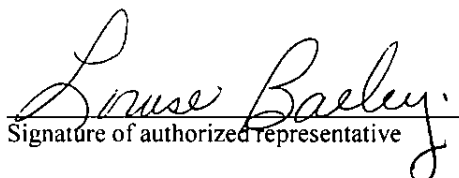
a. Granted to: LOUISE BAILEY

b. No authority granted to: WILLIAM BAILEY OR ANY OTHER MEMBER
OF THE WL BAILEY GROUP LLC.

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

a. Granted to: LOUISE BAILEY

b. No authority granted to: WILLIAM BAILEY OR ANY OTHER MEMBER
OF THE WL BAILEY GROUP LLC.


Signature of authorized representative

LOUISE BAILEY
Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA