

21000049719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

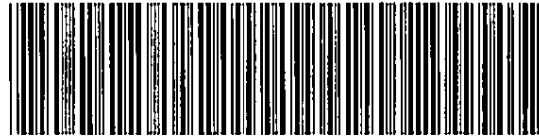
(Business Entity Name)

(Document Number)

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DEC 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: French Quarter Real Estate Holdings, 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:

Richard S. Amari

Name of Person

RA Managers, LLC

Firm/Company

PO Box 66732

Address

St. Pete Beach, FL 33736

City/State and Zip Code

rsamari@aol.com

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

For further information concerning this matter, please call:

Richard S. Amari

Name of Person

321

Area Code

213-1647

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

CR2E138 (2/14)

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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: French Quarter Real Estate Holdings, LLC

SECOND: The Florida Document Number of the limited liability company is: 11000049719

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

420 90th Ave

St Pete Beach, FL 33706

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

P.O. box 66732

St Pete Beach, FL 33736

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 RA Managers, LLC

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 RA Managers, LLC

b. No authority granted to _____

Signature of authorized representative

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2-14)

By French Quarter Real Estate Holdings, LLC, Member
[Signature]
Typed or printed name of signatory

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA