

L11000090390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

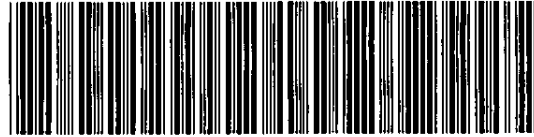
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300281436073

01/28/16--01007--014 **50.00

FILED
16 JAN 28 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 JAN 28 PM 2:56

JAN 29 2016

J SHIVERS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ISLAND SUN INN, LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ☒ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

STATEMENT OF AUTHORITY
OF
ISLAND SUN INN, LLC

Pursuant to Section 605.0302, Florida Statutes, this limited liability company submits the following Statement Of Authority:

FIRST: The name of the limited liability company is:

ISLAND SUN INN, LLC

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

2801 Fruitville Road
Unit 240
Sarasota, Florida 34237

THIRD: This Statement Of Authority grants or sets forth limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise as follows:

1. May execute an instrument transferring real property held in the name of the Company:

a. Granted to: Michael Caldwell

b. No authority granted to: N/A

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

a. Granted to: Michael Caldwell

b. No authority granted to: N/A

RECEIVED
16 JAN 28 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



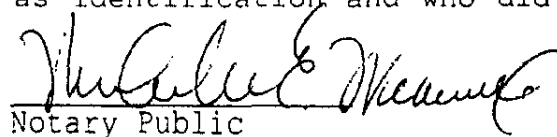
George C. Perreault, its Sole Member &
Sole Manager

Dated: January 18th, 2016.

State of Florida
County of Sarasota

The foregoing instrument was sworn to, subscribed and acknowledged before me this 18th day of January, 2016, by George C. Perreault, who is personally known to me or who produced as identification and who did take an oath.




Notary Public