

L12000016526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

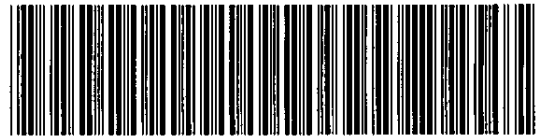
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/15--01001--014 **55.00

RECEIVED

15 FEB -5 PM 12:11

CLERK OF SUPERIOR COURT

FILED

15 FEB -5 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 6 2015

T. HAMPTON

Williams, Gautier, Gwynn & DeLoach, P.A.

Requestor's Name

Post Office Box 4128

Address

Tallahassee, FL 32315 850-386-3300

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Bichter Financial Group, LLC.
(Corporation Name) (Document #) L12000016526
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Statement
of
Authenticity

RECEIVED
15 FEB -5 AM 11:55
AMERICAN BAR ASSOCIATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Richter Financial 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:

Russell D. Gautier, Esquire

Name of Person

Williams, Gautier, Gwynn, DeLoach & Sorenson, P.A.

Firm/Company

2010 Delta Blvd.

Address

Tallahassee, FL 32303

City/State and Zip Code

michael@myacacompass.com

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

For further information concerning this matter, please call:

Charlene Sciamé

at (

850

386-3300

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

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: Richter Financial Group, LLC.

SECOND: The Florida Document Number of the limited liability company is: L12000016526

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

10405 NW Theo Jacobs Way

Bristol, FL 32321

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

P. O. Box 1, Bristol, FL 32321

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.

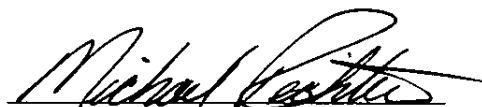
a. Granted to: Michael S. Richter

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: Michael S. Richter

b. No authority granted to: _____


Signature of authorized representative

Michael S. Richter

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
15 FEB -5 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA