

L12000083241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

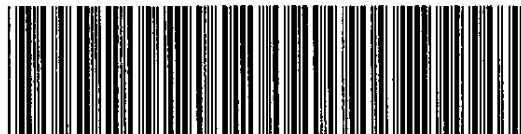
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/15--01040--027 **30.00

SONN & MITTELMAN, P.A.

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Aventura, Florida 33180

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Terri Grumer Sonn
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Helen M. Mittelman
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September 4, 2015

Department of State
Division of Corporations
Certification Department
P.O. Box 6327
Tallahassee, FL 32314

Re: Secured Trustee Services, LLC

To whom it may concern:

Enclosed is a check in the amount of \$30.00 together with a copy of a Statement of Authority in connection with the above-referenced entity. Please provide us with a certified copy of this statement and return to us in the enclosed self-addressed stamped envelope.

Should you have any questions, please call.

Sincerely yours,
Sonn & Mittelman, P.A.



Terri G. Sonn, Esq.
Encls.

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: Secured Trustee Services, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000083241

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

151 Southhall Lane

Suite 230

Maitland, FL 32751

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

1485 International Pkwy

Suite 1031

Lake Mary, FL 32746

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.

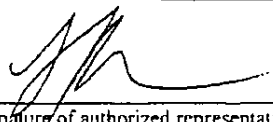
a. Granted to: L. Hope Richards, Ernest C Aulls, III, Nathan Tro

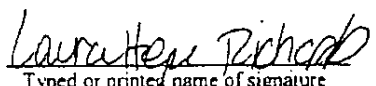
b. No authority granted to: _____

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

a. Granted to: L. Hope Richards, Ernest C Aulls, III, Nathan Tro

b. No authority granted to: _____


Signature of authorized representative


Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

FILED
15 JUN 15 AM 9:24
STATE OF FLORIDA
TALLAHASSEE