L12000142009

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
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COVER LETTER

| TO: Registration Section | | <i>i</i> * |
|---|---------------------------------|--------------------------|
| Division of Corporations | | |
| First Heritage Holdings | s, LLC | |
| Nar | me of Limited Liability Comp | any |
| Dear Sir or Madam: | ÷ | |
| The enclosed Statement of Authority and fe | ee(s) are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| Robert Kilgo | | |
| Name of Person | | |
| First Heritage Holdings LLC | | |
| Firm/Company | | |
| 2803 Gulf to Bay Blvd. #408 | | |
| Address | | |
| Clearwater, Florida 33759 | | |
| City/State and Zip Code | | |
| robkilgo@icloud.com | | |
| E-mail address: (to be used for fur | ture annual report notification |) |
| For further information concerning this ma | tter, please call: | 255-6060 |
| Robert Kilgo | 727 at () | 4646406 |
| 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

CR2E138 (2/14)

'TO:

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this limited I authority: | liability company submits the following statement of |
|--|---|
| FIRST: The name of the limited liability company is: | |
| First Heritage Holdings, LLC | |
| SECOND: The Florida Document Number of the limited liab | ility company is: L12000142009 |
| THIRD: The street address of the limited liability company's 2803 Gulf to Bay Blyd, #408 | principal office is: |
| ClearWater Florida 33759 | LARE 2 |
| The mailing address of the limited liability company | Fil. |
| Clearwater Florida 33759 | RIP A |
| position of a person in a company, whether as a member, transperson on the following: 1. May execute an instrument transferring real propa. Granted to: Robert Kilgo | • |
| b. No authority granted to: | ; |
| May enter into other transactions on behalf of, or a. Granted to: Robert Kilgo | |
| b. No authority granted to: | |
| RES | Robert Kilgo |
| Signature of authorized representative Filing Fee: Certified Copy: | Typed or printed name of signature \$25.00 \$30.00 (optional) |

CR2E138 (2/14)