

L13000020437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

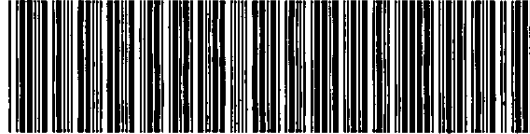
(Document Number)

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L13-20437
Stmnt of Auth

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FILED
16 MAY -9 PM 1:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

MAY 11 2016

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCLR TWO, 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:

Pamela Van Woerkom

Name of Person

Sage Title & Escrow

Firm/Company

10625 N. Military Trail, Suite 204

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

pjc357@gmail.com

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

For further information concerning this matter, please call:

Name of Person

561 721-9686
at (_____) _____
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: FCLR TWO, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000020437

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

7258 Oakmont Drive

Lake Worth, FL 33467

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

7258 Oakmont Drive

Lake Worth, FL 33467

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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.

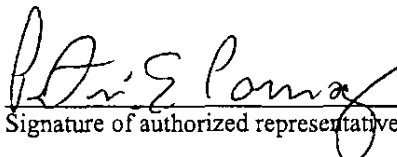
a. Granted to: Patrick Conroy

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: Patrick Conroy

b. No authority granted to: _____


Signature of authorized representative

Patrick Conroy
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)