

213 000020437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

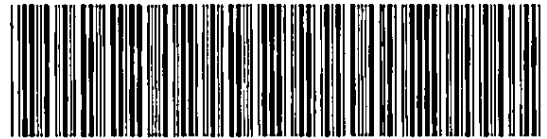
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 NOV 26 AM 10:30
TALLAHASSEE, FLORIDA

K. SALY

DEC -3 2018



4241 Northlake Boulevard, Suite A
Palm Beach Gardens, FL 33410
(561)721-9686, Fax: (561)721-2980
www.sagecompanies.net

November 20, 2018

Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Our File No. 18-281

Dear Sirs:

Enclosed please find the following in regards to the above referenced matter:

1. Check #12002 in the amount of \$55;
2. Executed Statement of Authority; and
3. Self-addressed, stamped envelope

Kindly send back the certified copy in the enclosed self-addressed stamped envelope. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Karen Detres

Karen Detres
Closing Assistant

Enclosures

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:

Patrick Conroy

Name of Person

Firm/Company

7258 Oakmont Drive

Address

Lake Worth, FL 33467

City/State and Zip Code

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

For further information concerning this matter, please call:

Patrick Conroy

Name of Person

at (561)

Area Code

357-0554

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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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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.

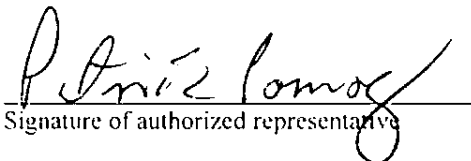
a. Granted to: Patrick Conroy or Marianne Conroy

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 or Marianne 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)