

L13000058753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

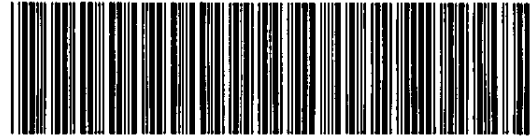
(Business Entity Name)

(Document Number)

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2014 FEB 27 PM 2:54

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FEB 28 2014

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L13-58753

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SD Trust Services, 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:

Robert Arnold, Jr.

Name of Person

SD Trust Services, LLC

Firm/Company

801 W. State Road 436 Suite 2065

Address

Altamonte Springs, FL 32714

City/State and Zip Code

rarnold@sdrhouses.com

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

For further information concerning this matter, please call:

Robert Arnold, Jr.

Name of Person

at (**407**) **389-7318**

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

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TALLAHASSEE, FL
CLERK OF COURT

STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: SD Trust Services, LLC

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

801 W. State Road 436, Suite 2065

Altamonte Springs, FL 32714

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

801 W. State Road 436, Suite 2065

Altamonte Springs, FL 32714

THIRD: 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.

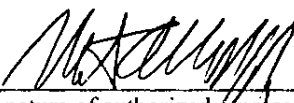
a. Granted to: Mohammad Kouchak

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: _____

b. No authority granted to: _____


Signature of authorized representative

ROBERT ARNOLD, JR.
Typed or printed name of signature

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