

4300079958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

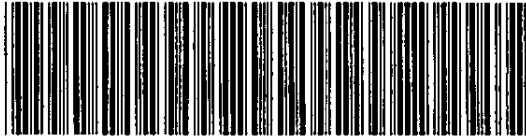
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metivier, 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:

Jennifer L. Fisher, Esq.
Name of Person

Strayhorn & Persons, P.L.
Firm/Company

2125 First Street, Suite 201
Address

Fort Myers, FL 33901
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Fisher at (239) 334-1260
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

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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: Metivier, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000079988

THIRD: The street address of the limited liability company's principal office is:
2400 First Street, Suite 214
Fort Myers, FL 33901

The mailing address of the limited liability company's principal office is:
2400 First Street, Suite 214
Fort Myers, FL 33901

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:

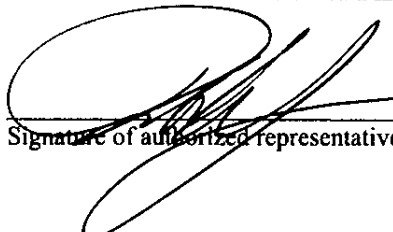
1. May execute an instrument transferring real property held in the name of the company

- a. Granted to: Rebekah MacFarlane Barney
- 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: Rebekah MacFarlane Barney, including loan transactions
- b. No authority granted to: _____

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Signature of authorized representative

Robert MacFarlane
Typed or printed name of signature

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