

213000087453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAR 06 2015
PRICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNRAY HOME SOLUTIONS, 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:

DAVID A. WRAY

Name of Person

SUNRAY HOME SOLUTIONS, LLC

Firm/Company

913 LIGHTHOUSE ROAD

Address

FORT WALTON BEACH, FL 32547

City/State and Zip Code

dwaywna@yahoo.com

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

For further information concerning this matter, please call:

DAVID A. WRAY

at (808)

426-8166

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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TALLAHASSEE, FLORIDA

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: SUNRAY HOME SOLUTIONS, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000087453

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

913 LIGHTHOUSE ROAD

FORT WALTON BEACH, FL 32547

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

913 LIGHTHOUSE ROAD

FORT WALTON BEACH, FL 32547

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: DAVID A. WRAY

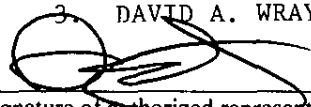
b. No authority granted to: RENEE M. SY

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: DAVID A. WRAY

b. No authority granted to: RENEE M. SY

3. DAVID A. WRAY IS THE REGISTERED AGENT FOR SUNRAY HOME SOLUTIONS, LLC.


Signature of authorized representative

DAVID A. WRAY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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