

L13000126606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

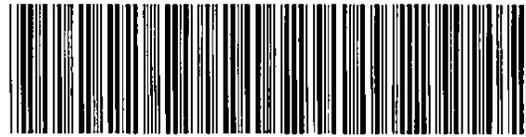
(Business Entity Name)

(Document Number)

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K. SALY  
JUL 11 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THOMAS COUNTY VENTURES, 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:

Joshua O. Dorcey

Name of Person

Dorcey Law Firm

Firm/Company

10181-C Six Mile Cypress Pkwy

Address

Fort Myers, FL 33966

City/State and Zip Code

josh@dorceylaw.com

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

For further information concerning this matter, please call:

Joshua Dorcey

Name of Person

239

Area Code

418-0169

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:

**NAME OF LLC: THOMAS COUNTY VENTURES, LLC**

**FLORIDA LLC DOCUMENT NUMBER: L13000126606**

**PRINCIPAL OFFICE ADDRESS: 17080 Scout Camp Road, Alva, FL 33920**

**MAILING ADDRESS (if different): 17080 Scout Camp Road, Alva, FL 33920**

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### MEMBERS

Below is the authority given to the Members of the LLC. If a Member has unlimited authorization, the option "All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority)" will be selected. A separate sheet of paper will be attached if a Member has been given specific authority to an option not listed in this form.

#### Member #1

**NAME: John P. Lovelace as Manager of Lovelace Financial, LLC**

**ADDRESS: 17080 Scout Camp Road, Alva, FL 33920**

- All Authorization to act on behalf of the LLC, including but not limited to Options Listed Below (Unlimited Authority).
- He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.
- He/She has Authority to Purchase Property in the Name of the LLC.
- He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.
- He/She has authority to Open Bank Account(s) in Name of the LLC.
- He/She has authority to Close Bank Account(s) Owned by the LLC.
- He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (Ex: Vehicles/Equipment).

- He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/Equipment).
- He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
- He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
- He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.
- He/She has authority to Enter into Contract(s) for the Purchase of Services.
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
- He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.
- He/She has authority to File Annual Reports with State of Florida.
- He/She has authority to Amend Annual Reports with State of Florida.
- He/She has authority to File Statement of Authority(s) with State of Florida.
- He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.
- He/She has authority to Amend Articles of Organization.

**SPECIFIC RESTRICTIONS**

Below are specific restrictions given to a Member, Manager, or Employee. **This individual is restricted from the following:**

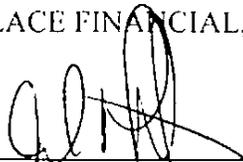
Name: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

**THOMAS COUNTY VENTURES, LLC;**

LOVELACE FINANCIAL, LLC. MEMBER

By:  \_\_\_\_\_  
 JOHN P. LOVELACE, MANAGER

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