

L14000000847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

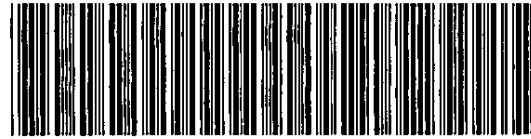
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Natural Bridge Timberlands, 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:

Tyler L. Buswell, Esquire

\_\_\_\_\_  
Name of Person

Kirton McConkie

\_\_\_\_\_  
Firm/Company

50 E. South Temple, Suite 400

\_\_\_\_\_  
Address

Salt Lake City, UT 84111

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tyler L. Buswell

\_\_\_\_\_  
Name of Person

801

\_\_\_\_\_  
Area Code

321-4820

\_\_\_\_\_  
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: Natural Bridge Timberlands, LLC.

**SECOND:** The Florida Document Number of the limited liability company is: L14000000847

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

79 South Main St., Ste. 1100

Salt Lake City, UT 84111

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

c/o David A. Channer

50 E. South Temple 2WW

Salt Lake City, UT 84150

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status of 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: Don M. Sleight

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: Don M. Sleight

b. No authority granted to: \_\_\_\_\_

Don M. Sleight, Manager  
Signature of authorized representative

Don M. Sleight  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)