1400009342

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fredom RET UC 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:
Shelly Dysuy Name of Person
Firm/Company
1605 King St Address
Jacksonule, FC 32204 City/State and Zip Code
E-mail didress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberty Humbles at 317 410 - 7982 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

Daytime Telephone Number

Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of:
FIRST:	The name of the limited liability company is: Freed on RET ((C
SECON	D: The Florida Document Number of the limited liability company is: <u>L14000009342</u>
THIRD:	The street address of the limited liability company's principal office is: 1605 King St Jacksonulu, F2 32204
	The mailing address of the limited liability company's principal office is: 1005 King St Jacksonull Fr 32204
position	Th: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific on the following:
	 May execute an instrument transferring real property held in the name of the company.
	a. Granted to: Obadiah Dorsey, Shelly Dorsey, Blaine Dorsey
	b. No authority granted to:
	a. Granted to: Blaine Droy b. No authority granted to:
Signatu	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)