## <u>L140000</u> 36764

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ac                                     | idress)            |           |
| (Ac                                     | ddress)            |           |
| (Ci                                     | ty/State/Zip/Phone | #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Business Entity Name)                  |                    |           |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |

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MAR 22 2016 J SHIVERS

## **COVER LETTER**

| Please return all correspondence concerning th | ns matter to the folio | owing.            |              |
|--|------------------------|-------------------|--------------|
| JB ROTH  Name of Person                        |                        |                   |              |
| ROTH LAW FIRM                                  |                        |                   |              |
| Firm/Company                                   |                        |                   |              |
| 234 CANAL BLVD., SUITE 2                       |                        |                   |              |
| Address  |                        |                   |              |
| PONTE VEDRA BEACH, FL 32082                    | 2                      |                   |              |
| City/State and Zip Code                        |                        |                   |              |
| JB@ROTHLAWFIRM.NET                             |                        |                   |              |
| E-mail address: (to be used for future         | annual report notifi   | cation)           |              |
| For further information concerning this matter | , please call:         |                   |              |
| JB ROTH  | 904                    | 595-7900          |              |
| Name of Person                                 | Area C                 | Code Daytime Tele | phone Number |

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

| 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: MAINSAIL CAPITAL MORTGAGE LLC   |
| SECON     | D: The Florida Document Number of the limited liability company is: L14000030764  |
| THIRD:    | : The street address of the limited liability company's principal office is: 822 US HIGHWAY A1A NORTH   |
|           | SUITE 204   |
|           | PONTE VEDRA BEACH, FL 32082   |
|           | The mailing address of the limited liability company's principal office is: 822 US HIGHWAY A1A NORTH  |
|           | SUITE 204   |
|           | PONTE VEDRA BEACH, FL 32082   |
|           | of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific in the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to:  DAVID GRIGGS, GEOFF DISSTON |
|           | b. No authority granted to:  ANY OTHER PERSON  ANY OTHER PERSON  ANY OTHER PERSON   |
|           | May enter into other transactions on behalf of, or otherwise act for or bind, the company.     a. Granted to: DAVID GRIGGS, GEOFF DISSTON   |
|           | b. No authority granted to: ANY OTHER PERSON  |
| /         | JEAN B. ROTH  |
| Signatur  | colcutiorized representative Typed or printed name of signature  Filing Fee: \$25.00  Certified Conv. \$30.00 (optional)  |