

L14 0000 37503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

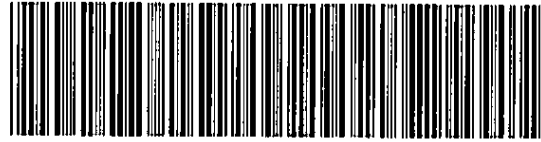
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2020 FEB 20 PM 3:27
SECURITY
ALL APPLICANTS

Stm/Auth

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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: David S. Arthurs Trust, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000037503

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

209 North Pine Ave.

Inverness, FL 34450

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

209 North Pine Ave.

Inverness, FL 34450

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 S. Arthurs Sr Trust UTA Dtd 04/14/2000

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: David S. Arthurs Sr Trust UTA Dtd 04/14/2000

b. No authority granted to: _____


Signature of authorized representative

David S. Arthurs Sr., Trustee
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)