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COVER LETTER

	Registration Section Division of Corporations		
	David S. Arthurs Trust, LLC		
SUBJEC		nited Liability Cor	npany
B 01			
Dear Sir o	or Madam:		
The enclo	osed Statement of Authority and fee(s) are s	submitted for filing	3.
Please ret	turn all correspondence concerning this ma	tter to the followin	g:
David S.	Arthurs Sr		
	Name of Person	- ·	_
David S .	Arthurs Trust LLC		
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	_
209 Nort	h Pine Ave		
	Address	-	_
Inverness	s FI 34450		
	City/State and Zip Code		_
tututouca	m@gmail.com		
	E-mail address: (to be used for future annua	al report notification	on)
For furthe	er information concerning this matter, pleas	e call:	
David S.	Arthurs Sr	352 at (860-6015
	Name of Person	Area Code	Daytime Telephone Number
i	Mailing Address:		Street Address:
1	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
}	P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant authority	t to section $605.0302(1)$, Florida Statutes, this limited liability company submits the form:	llowing statement of		
FIRST:	The name of the limited liability company is: David S. Arthurs Trust, LLC			
SECON	D: The Florida Document Number of the limited liability company is: L1400003750.	3		
THIRD	: The street address of the limited liability company's principal office is: 209 North Pine Ave.			
	Inverness, FI 34450	- 1815 F		
	The mailing address of the limited liability company's principal office is: 209 North Pine Ave.	PODE FEB 2D PH 3: 21		
	Inverness, FI 34450	- 43: 21		
position	 This statement of authority grants or sets limitations of authority on all persons hat of a person in a company, whether as a member, transferee, manager, officer or otherwin the following: May execute an instrument transferring real property held in the name of the community. Granted to: David S. Arthurs Sr Trust UTA Dtd 04/14/2000 	wise or to a specific		
	b. No authority granted to:	<u> </u>		
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the c a. Granted to: David S. Arthurs Sr Trust UTA Dtd 04/14/2000	ompany.		
	b. No authority granted to:			
	David S. Arthurs Sr.,	Trustec		
Signature	e of authorized representative Typed or printed name Filing Fee: \$25.00	ne of signature		

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)