

L14000088423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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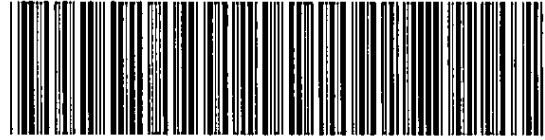
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 06 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHRISSTACEY 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:

Damaris G. Claude, Esq.  
Name of Person

Law Offices of Damaris G. Claude  
Firm/Company

2441 W. State Rd. 426, Suite 2031  
Address

Oviedo, FL 32765  
City/State and Zip Code

golfwscott@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damaris G. Claude, Esq. at ( 321 ) 296-3533  
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  
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: CHRISSTACEY LLC

SECOND: The Florida Document Number of the limited liability company is: L14000088423

THIRD: The street address of the limited liability company's principal office is:  
12580 NICOLETTE COURTCLERMONT, FL 34711

The mailing address of the limited liability company's principal office is:  
12580 NICOLETTE COURTCLERMONT, FL 34711

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: STACEY KANIA
- 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: STACEY KANIA
- b. No authority granted to: \_\_\_\_\_

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JACKSONVILLE, FLORIDA

  
Signature of authorized representative

Walter Scott Wheeler  
Typed or printed name of signature

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