

L4000089819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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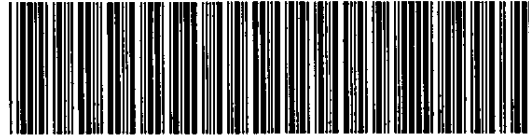
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

4/21/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3715 SWANN, 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:

DANIEL D. WHITAKER
Name of Person

CAREY, O'MALLEY, WHITAKER & MUELLER, P.A.
Firm/Company

712 S. OREGON AVENUE
Address

TAMPA, FL 33606
City/State and Zip Code

DWHITAKER@CAWMP2.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL D. WHITAKER at (813) 250-0577
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

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TALLAHASSEE, FLORIDA

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: 3715 SWANN, LLC

SECOND: The Florida Document Number of the limited liability company is: LI4000089819

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

602 LUZON AVENUE
TAMPA, FL 33606

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

602 LUZON AVENUE
TAMPA, FL 33606

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: KAISEN PROPERTIES, LLC
 - b. No authority granted to: GLO PROPERTY INVESTMENTS, LLC
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
 - a. Granted to: KAISEN PROPERTIES, LLC
 - b. No authority granted to: GLO PROPERTY INVESTMENTS, LLC

Kaisen Marshall
KAISEN PROPERTIES, LLC
MEMBER
Lindsey Glover
Signature of authorized representative
GLO PROPERTY INVESTMENTS, LLC
MEMBER

KAISA MARSHALL
TYPED OR PRINTED NAME OF SIGNATURE
LINDSEY GLOVER
Typed or printed name of signature

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

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