L14000149108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIE, 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:

Steven L. Zakrocki
Name of Person

The Zakrocki Law Firm
Firm/Company

1510 N. Ponce de Leon Blvd, Suite B
Address

St. Augustine, Florida 32084
City/State and Zip Code

steve@zakrockilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven L. Zakrocki at (904) 201-4149
Name of Person — Area Code — Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)

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: TIE, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000149108

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

1752 U.S. HIGHWAY 1 S

St. Augustine, Florida 32084

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

1752 U.S. HIGHWAY 1 S

St. Augustine, Florida 32084

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:
   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: Ronna Jones, Director Administration
   b. No authority granted to:

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Wayne Efford
Signature of authorized representative

Wayne Efford
Typed or printed name of signature

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

CR2E138 (2/14)