

Division of Corporations

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L1400016243

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MILAM HOWARD, ET.AL.
Account Number : I20000000206
Phone : (904) 357-3660
Fax Number : (904) 357-3661

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: S.Berkhalter@milamhoward.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPLIFE, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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INFORMATION SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Splife, 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:

G. Alan Howard

Name of Person

Milam Howard Nicandri Dees & Gillam, P.A.

Firm/Company

14 E. Bay Street

Address

Jacksonville/Florida 32202

City/State and Zip Code

ahoward@milamhoward.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Alan Howard

904

357-3660

at ()

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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SECRETARY OF STATE
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: Splife, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000162143

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

14 E. Bay Street

Jacksonville, FL 32202

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

14 E. Bay Street

Jacksonville, FL 32202

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:

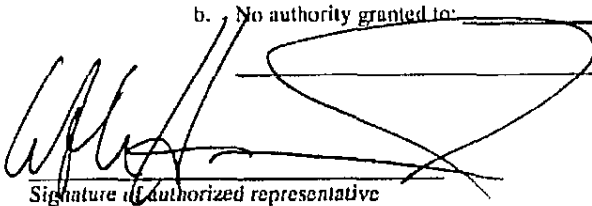
a. Granted to: David A. Green, Manager

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 A. Green, Manager

b. No authority granted to: _____


Signature of authorized representative

G. Alan Howard

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL 32304