

L14000167653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

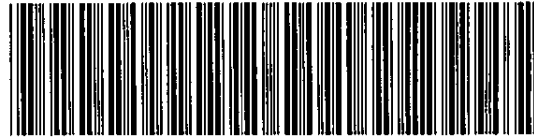
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/16/15--01001--003 **25.00

RECEIVED
DEPARTMENT OF
MOTOR VEHICLES
15 JUL 15 PM 3:26
TO CONRAD'S OFFICE
SUFFICIENT OF FILING

FILED
15 JUL 15 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 16 2015
T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

QUALITY HOMES OF JACKSONVILLE

LLC

Signature _____

Requested by: Seth

07/15/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

☒ Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

☒ Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY HOMES OF JACKSONVILLE 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:

TIMOTHY P. KELLY, ESQ.

Name of Person

TIMOTHY P. KELLY PA

Firm/Company

1016 LaSalle Street

Address

Jacksonville, FL 32207

City/State and Zip Code

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

For further information concerning this matter, please call:

Donna Gaither

Name of Person

at (

904

Area Code

399-3705

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: QUALITY HOMES OF JACKSONVILLE, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000167653

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

6517 Lou Drive South

Jacksonville, FL 32216

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

6517 Lou Drive South

Jacksonville, FL 32216

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: Charles R. Saman, Kevin Cadora
or Samir Saman Jr.


b. No authority granted to: n/a

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Charles R. Saman, Kevin Cadora
or Samir Saman Jr.

b. No authority granted to: n/a

FILED
15 JUL 15 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature of authorized representative

Samir Saman JR.
Typed or printed name of signature

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