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LI4-178606

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORTWATE ROOTS 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 RAY
Name of Person

Firm/Company

14701 BARTRAM PARK BLVD (419)
Address

JACKSONVILLE, FL. 32258
City/State and Zip Code

DANIEL.RAY70367@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL RAY at (904) 412-4337
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 605.03(2)(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: FORTUNATE ROOTS LLC

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

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

14701 BARTRAM PARK BLVD (419)
JACKSONVILLE, FL. 32258

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

14701 BARTRAM PARK BLVD (419)
JACKSONVILLE, FL. 32258

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TALLAHASSEE, FL 32399

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: DANIEL RAY

b. No authority granted to: TYREL SCHIELE

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

a. Granted to: DANIEL RAY, TYREL SCHIELE

b. No authority granted to: _____


Signature of authorized representative

DANIEL D. RAY
Typed or printed name of signature

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