

L14000187494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

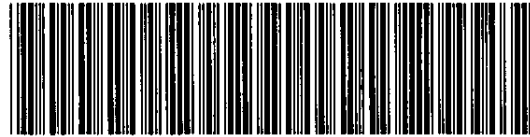
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES ADAM SHELLEY, 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:

MATT MATHEWS, ATTORNEY AT LAW

Name of Person

MATHEWS LAW FIRM, P. A.

Firm/Company

277 PINEWOOD DRIVE

Address

TALLAHASSEE, FLORIDA 32303

City/State and Zip Code

m2@mathewslawfirm.com

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

For further information concerning this matter, please call:

Matt Mathews, Attorney at Law at (**850**) **681-9303**
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



Attorneys:
Matt Mathews*
Shannon L. Mathews**
John C. Davis, Of Counsel**
* Civil Law (International) Notary
** Licensed to practice in FL & GA

April 14, 2015

Via Federal Express
7804 9758 3077

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

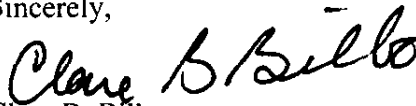
RE: James Adam Shelley, LLC – Statement of Authority

Dear Registrar:

Enclosed is a Statement of Authority to be filed on behalf of the above-referenced entity. Also enclosed are our firm's operating account check numbered 8968, for \$30.00, for the filing fee and for a certified copy of the filed Statement of Authority (an additional copy is enclosed for certification to be returned to us), along with a prepaid Federal Express return envelope, for return of the certified copy of the Statement of Authority.

Please call us if you have any questions.

Sincerely,


Clare B. Bilbo

Florida Registered Paralegal / Law Office Manager

//cbb
Enclosures

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: JAMES ADAM SHELLEY, LLC

SECOND: The Florida Document Number of the limited liability company is: LI4000187494

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

3018 SOUTHSORE CIRCLE

TALLAHASSEE, FLORIDA 32312

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

3018 SOUTHSORE CIRCLE

TALLAHASSEE, FLORIDA 32312

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.

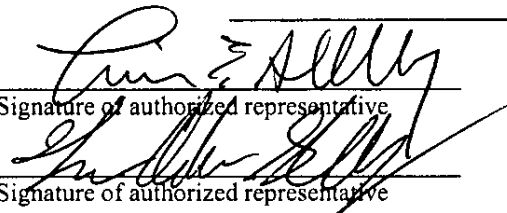
a. Granted to: LEWIS SHELLEY, MANAGER

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: LEWIS SHELLEY, MANAGER

b. No authority granted to: _____


Signature of authorized representative

LEWIS SHELLEY
Typed or printed name of signature
JAMES ADAM SHELLEY
Typed or printed name of signature

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2015 APR 15 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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