

L14000192546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 8 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPPLYLINE, LLC, a Florida limited liability company

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:

David N. Sowerby, Esq.

Name of Person

Melville & Sowerby, P.L.

Firm/Company

2940 South 25th Street

Address

Fort Pierce, FL 34981

City/State and Zip Code

tiffsupplyline@gmail.com

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

For further information concerning this matter, please call:

Tiffany Douglas

Name of Person

at (

863

Area Code

634-6430

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: SUPPLYLINE, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000192546

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

1113 S.W. Park Street

Okeechobee, FL 34972

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

1113 S.W. Park Street

Okeechobee, FL 34972

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: TIFFANY DOUGLAS, Manager

b. No authority granted to: Members (Manager Only)

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

a. Granted to: TIFFANY DOUGLAS, Manager

b. No authority granted to: Members (Manager Only)

Tiffany Douglas
Signature of authorized representative

TIFFANY DOUGLAS, Manager
Typed or printed name of signature

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