L150000004531

(Requestor's Name)	
(Address)	3003588
(Address)	
. (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	91/28/3101
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S. YOUNG

COVER LETTER

	gistration Section vision of Corporations		
our ir or	Foram Family Fund, LLC		
SUBJECT:	:Name of I	Limited Liability Cor	npany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s) ar	e submitted for filing	.
Please retur	n all correspondence concerning this n	natter to the followin	g:
Mary Beth	Hibbs		
	Name of Person		_
Foram Gro	up. Inc.		
	Firm/Company		_
21 West Pe	erry Street		
	Address		-
Savannah,	Georgia 31401		
	City/State and Zip Code		_
mbhibbs@:	foramgroup.com		
E-	mail address: (to be used for future and	nual report notification	on)
For further	information concerning this matter, ple	ease call:	
Mary Beth	Hibbs	912 at (527-6765
	Name of Person	Area Code	Daytime Telephone Number
	ailing Address:		Street Address:
	egistration Section		Registration Section
	ivision of Corporations O. Box 6327		Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Sauthority:	Statutes, this limited liability company submits the following statement of
FIRST: The name of the limited liability	company is: Foram Family Fund, LLC
SECOND: The Florida Document Numb	per of the limited liability company is: L15000004581
THIRD: The street address of the limited 21 W Perry Street Savannah, G	
The mailing address of the lim 21 W Perry Street Savannah, G	ited liability company's principal office is: A 31401
FOURTH: This statement of authority g	rants or sets limitations of authority on all persons having the status or
person on the following: 1. May execute an instrument	transferring real property held in the name of the company. ne members, by agreement of 66% of the Membership
b. No authority grante	ed to: Manager
	ctions on behalf of, or otherwise act for or bind, the company. of Enterprises, Inc., a Florida Corporation ("Marof").
b. No authority grante	Managar may not take any actions as set forth
	A. Action must be approved by 66% of the Membership
	Interest. Travis Stringer, as President of Marof_*
Signature of authorized representative Travis Stringer CR2E138 (2/14)	Typed or printed name of signature Filing Fee: \$25.00 *Enterprises, Inc. Certified Copy: \$30.00 (optional) *Marof is the Manager and a Memb

EXHIBIT A to STATEMENT OF AUTHORITY OF FORAM FAMILY FUND, LLC

- 1. Any Capital Transaction in excess of \$25,000.00:
- 2. Lending more than \$25,000.00 of the Company's money on any one occasion:
- 3. Borrowing more than \$25,000.00 on any one occasion:
- 4. Admitting additional Members to the Company:
- 5. Entering into any agreement for the purchase of any material asset or any real property;
- 6. Engaging in any business beyond the scope of the business of the Company:
- 7. Selling, transferring, or otherwise disposing of all or substantially all of the assets of the Company;
- 8. Entering into any contract or other arrangement with a Member or Affiliate of a Member;
- 9. Initiating a voluntary proceeding under the United States Bankruptcy Code or any state receivership law in which the Company is the debtor:
- 10. Lending money in excess of \$25.000.00 to, or guaranteeing the debtor or other obligations of, any Member or Person:
- 11. Dissolving, liquidating, and winding up the affairs of the Company.