

L15000058609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

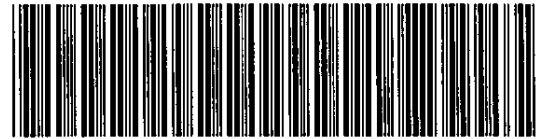
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600290098046

09/21/16--01006--014 \*\*30.00

SEP 21 PM 12:28  
TALLAHASSEE, FLORIDA

SEP 22 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wild Moose Investments 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:

Benoit Therrien

\_\_\_\_\_  
Name of Person

Wild Moose Investments LLC

\_\_\_\_\_  
Firm/Company

60 Ocean Blvd, Suite 15

\_\_\_\_\_  
Address

Atlantic Beach, FL 32233

\_\_\_\_\_  
City/State and Zip Code

LindseyPeake@Peakeinc.com

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

For further information concerning this matter, please call:

Benoit Therrien

514 9729810  
at ( )

\_\_\_\_\_  
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

### 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: Wild Moose Investments LLC

**SECOND:** The Florida Document Number of the limited liability company is: L 150000058609

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

60 Ocean Blvd Suite 15

Atlantic Beach, FL 32233

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

60 Ocean Blvd, Suite 15

Atlantic Beach, FL 32233

**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: Lindsey Peake

Charles Therrien

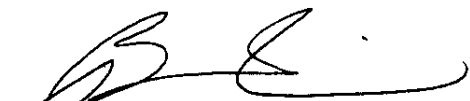
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Lindsey Peake

Benoit Therrien

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Benoit Therrien

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)