1500062648

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COVER LETTER

TO: Registration Section Division of Corporations

uck Du ck LLC of Limited Liability Company SUBJECT:

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:

Thomas Hloffer Name of Person Matthews & Jones, LLP Firm/Company 4475 Legendary Drive Address Destin, FL 32541 thoffer@destinlaw.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John M. Stratton, Esq. at (850) 837-3662 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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

Duck Duck LLC FIRST: The name of the limited liability company is: ____

SECOND: The Florida Document Number of the limited liability company is: <u>L15000062648</u>

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

Harbor Blud. Destin, FL 3254

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

Emerald Coast PKwy FL 32541

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:

- No authority granted to:
- May enter into other transactions on behalf of, or otherwise act for or bind, the company. 2.

a. Granted to: <u>Oamon Becnel</u>, Jeff Rainey, Ashley Arevelo, <u>Christopher Daggs</u>, JMP Investments of Florida b. No authority granted to: <u>Christopher Sehman</u>

Signature of authorized representative

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<u>Damon Becnel</u> Typed or printed name of signature

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

CR2E138 (2/14)