

L150000 72177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

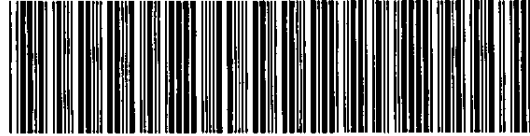
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN -5 AM 10:48
SARASOTA COUNTY FLORIDA

JUN 08 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: StoreRight (Jacksonville IX), 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:

Michael E. Workman, Esq.

Name of Person

Clark, Campbell, Lancaster & Munson, P.A.

Firm/Company

500 S. Florida Avenue, Suite 800

Address

Lakeland, FL 33801

City/State and Zip Code

avelardi@clarkcampbell-law.com

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

For further information concerning this matter, please call:

Anthony Velardi

at (863) 647-5337

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

Certified Copy of Statement of Authority

Check Enclosed in the amount of \$30.00

CR2E138 (2/14)

Certified Statement of Authority

StoreRight (Jacksonville IX), LLC

COVER PAGE

After recording return requested to:
Michael E. Workman, Esquire
Clark, Campbell & Lancaster, P.A.
500 South Florida Avenue, Suite 800
Lakeland, FL 33801

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: STORERIGHT (JACKSONVILLE IX), LLC.

SECOND: The Florida Document Number of the limited liability company is: L15000072173.

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

100 South Kentucky Avenue
Suite 290
Lakeland, FL 33801

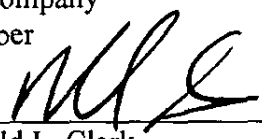
The mailing address of the limited liability company's principal office is:

100 South Kentucky Avenue
Suite 290
Lakeland, FL 33801

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 executed an instrument transferring real property held in the name of the company.
 - a. Granted to: STORERIGHT MANAGEMENT, LLC
 - 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: STORERIGHT MANAGEMENT, LLC
 - b. No authority granted to: _____

STORERIGHT (JACKSONVILLE IX), LLC, a
Florida limited liability company
By: STORERIGHT HC, LLC, a Florida limited
liability company
Its: Member


By: Ronald L. Clark
Its: Manager

(Seal)

FILED
15 JUN - 5 AM 10:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA