

L15000083555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECOND CHANCE 850, 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:

OSCAR J. LOCKLIN
Name of Person

LOCKLIN, SABA, LOCKLIN & JONES, P.A.
Firm/Company

4557 CHOMUCKLA HWY
Address

PACE, FL 32571
City/State and Zip Code

o'clocklin@LJSLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR J. LOCKLIN at (850) 995-1102
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

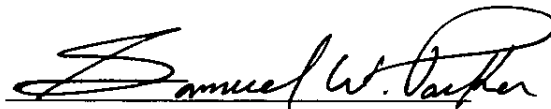
Pursuant to §605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

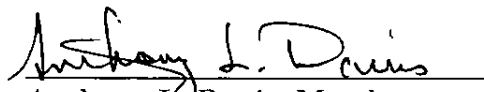
- FIRST: The name of the limited liability company is SECOND CHANCE 850, LLC. (Hereinafter the "Company".)
- SECOND: The Florida Document Number for the company is L15000083555.
- THIRD: The street address of the Company's principal office is: 5890 Allentown Road, Milton, Florida 32570.
The mailing address of the Company is P.O. Box 4442, Milton, Florida 32572.
- FOURTH: This statement of authority grants authority to the following persons as Authorized Members of the Company, and each shall have full power and authority individually to execute an instrument transferring an interest in real property held in the name of the Company, enter into any transaction on behalf of the Company, or otherwise act for or bind the Company:

Samuel W. Parker – Authorized Member

Anthony L. Davis – Authorized Member

Made this 22 day of May, 2015.


Samuel W. Parker, Member


Anthony L. Davis, Member

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TALLAHASSEE, FLORIDA

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Written Affidavit of Authority

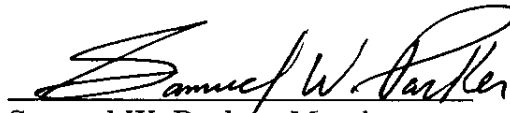
of

SECOND CHANCE 850, LLC.

STATE OF FLORIDA
COUNTY OF SANTA ROSA


On my oath and under penalty of perjury, I swear that I am an Authorized Member authorized to act on behalf of SECOND CHANCE 850, LLC., a Florida Limited Liability Company. I certify that I have the authority to act for and bind SECOND CHANCE 850, LLC. in business transactions for which this affidavit is given as affirmation of my authority.

Dated this May 22, 2015.


Samuel W. Parker, Member

Sworn to and subscribed before me the undersigned notary public, by Samuel W. Parker, who is personally known to me or who has produced FL DRIVER LICENSE as identification, on this 22 day of May, 2015.




Notary Public

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TALLAHASSEE, FLORIDA

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