

L15000119500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

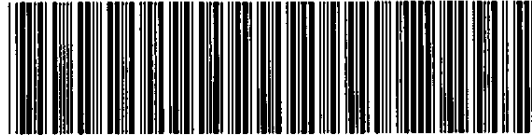
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/07/17--01014--009 **25.00

RECEIVED
DEPARTMENT OF
17 FEB -7 AM 11:25

FILED
2017 FEB -7 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
FEB -8 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Knot So Shrimpy, LLC

Signature _____

Requested by: Seth

02/07/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L15000119500

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:

Brian French

Name of Person

Trantalis & Associates

Firm/Company

2301 Wilton Drive, Ste. C1-A

Address

Wilton Manors, FL 33305

City/State and Zip Code

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

For further information concerning this matter, please call:

Brian French

Name of Person

954
at ()

Area Code

566-2226

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: Knot So Shrimpy, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000119500

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

2230 Highland Woods Drive

Dunedin, FL 34698

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

2230 Highland Woods Drive

Dunedin, FL 34698

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TALLAHASSEE, FLORIDA

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: JAMES C. BALDWIN

b. No authority granted to: TOBY T. WATSON

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

a. Granted to: JAMES C. BALDWIN

b. No authority granted to: TOBY T. WATSON

Toby T. Watson 2/6/17
Signature of authorized representative

BY DEAN J. TRANTALIS
ATTORNEY-IN-FACT
CR2E138 (2/14)

Toby T. Watson, MBR/MGR
Typed or printed name of signature

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