

L15000 134 664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

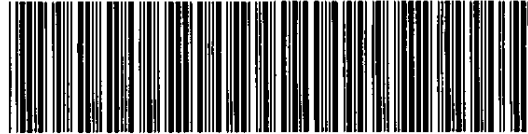
(Business Entity Name)

(Document Number)

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

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2015 AUG 27 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 01 2015  
J. HARRIS

**MICHAEL EDWARDS, P.A.**

ATTORNEY AT LAW  
Telephone (772) 335-4949  
Facsimile (772) 335-7150

Physical Address

1844 S.E. Port St. Lucie, Blvd.  
Port St. Lucie, Florida 34952

Mailing Address

P.O. Box 7399  
Port St. Lucie, FL 34985

August 21, 2015

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Bob Textile, LLC  
Document Number: L15000134664  
Statement of Authority.

Dear Sir/Madam:

In regard to the limited liability company, please find attached the Statement of Authority and our check for the filing fee in the amount of \$25.00.

Should you have any questions, please do not hesitate to contact us.

With kind regards, I remain

Very truly yours,

  
**MICHAEL EDWARDS, P.A.**

Michael Edwards

ME/pgh

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **BOB TEXTILE, 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 EDWARDS, ESQ.**

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

**MICHAEL EDWARDS, P.A.**

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

**P.O. BOX 7399**

\_\_\_\_\_  
Address

**PORT ST. LUCIE, FL 34985**

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

**michaelledwardslaw@gmail.com**

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

For further information concerning this matter, please call:

**MICHAEL EDWARDS, ESQ.**

**772**  
at (\_\_\_\_\_) \_\_\_\_\_

**335-4949**

\_\_\_\_\_  
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: BOB TEXTILE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000134664

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

4242 BANDY BLVD.

FORT PIERCE, FL 34986

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

4242 BANDY BLVD.

FORT PIERCE, FL 34986

**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: OZGUR O. BALTACIOGLU and/or

BULENT DUYUR

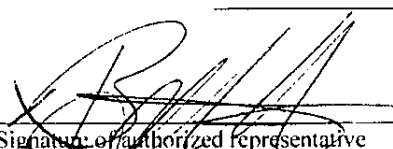
b. No authority granted to: N/A

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

a. Granted to: OZGUR O. BALTACIOGLU and/or

BULENT DUYUR

b. No authority granted to: N/A

  
Signature of authorized representative

OZGUR O. BALTACIOGLU

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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