

L15000139358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
OCT -9 2015



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GUARDIANSHIP • MEDICAID

October 1, 2015

Florida Department of State Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Authority for Abel Christian Leadership, LLC
Florida Document #L15000139358

Dear Clerk:

Enclosed please find the Statement of Authority for the above mentioned Limited Liability Corporation signed by its Authorized Member. I have enclosed check # 61059 for \$25.00 made out to the Department of State for the filing fees.

If you have any questions or concerns, please do not hesitate to contact our office.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Julie McLean". The signature is written in a cursive, flowing style.

Julie McLean
Paralegal
Aust Law Firm

LBA/jam
Enclosures
Cc: Client file

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABEL CHRISTIAN LEADERSHIP 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:

Lynn B. Aust

Name of Person

Lynn B. Aust, PL

Firm/Company

1220 E. Livingston St.

Address

Orlando, FL 32803

City/State and Zip Code

doveattorney@austlaw.biz

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

For further information concerning this matter, please call:

Lynn B. Aust

Name of Person

407
at ()

Area Code

447-5399

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: ABEL CHRISTIAN LEADERSHIP LLC

SECOND: The Florida Document Number of the limited liability company is: L15000139358

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

13413 Madison Dock Road

Orlando, FL 32828

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

13413 Madison Dock Road

Orlando, FL 32828

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2018 OCT - 7 PM 2:16
SECRETARY OF STATE
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: Rian Seipler

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: Rian Seipler

b. No authority granted to:

Rian Seipler
Signature of authorized representative

Rian Seipler
Typed or printed name of signature

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