

L15000146746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

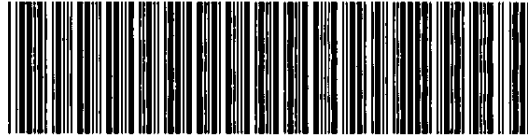
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 SEP -3 P 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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S MASON

MILAM HOWARD NICANDRI
DEES & GILLAM P.A.

Heather J. Durham
Litigation Manager

E-mail: hdurham@milamhoward.com
Direct Dial: (904) 421-4749

September 1, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lakelyn, LLC

Dear Sir/Madam:

Enclosed for filing, please find a Cover Letter, original Statement of Authority and filing fee in the amount of \$25.00 in connection with the above-referenced entity. Also enclosed is a self-addressed, stamped envelope for returning a file-stamped copy and receipt for this transaction.

Thank you for your kind attention to this matter.

Very truly yours,



Heather J. Durham
Litigation Manager

HJD/Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakelyn, 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:

G. Alan Howard

Name of Person

Milam Howard Nicandri Dees & Gillam, P.A.

Firm/Company

14 E. Bay Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

ahoward@milamhoward.com

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

For further information concerning this matter, please call:

G. Alan Howard

Name of Person

at (904)

Area Code

357-3660

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: Lakelyn, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000146746

THIRD: The street address of the limited liability company's principal office is:
2319 University Boulevard West, Jacksonville, Florida 32217

The mailing address of the limited liability company's principal office is:
2319 University Boulevard West, Jacksonville, Florida 32217

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.

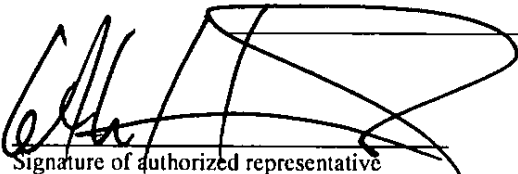
a. Granted to: Lynette S. Self and Lake W. Self, jointly

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: Lynette S. Self and Lake W. Self, jointly

b. No authority granted to: _____


Signature of authorized representative

G. Alan Howard

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP - 3 P 2:05

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