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(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)

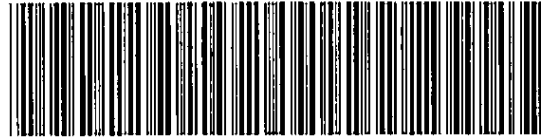
(Document Number)

Certified Copies _____

Certificates of Status _____

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STOCKPORT, ILL
FBI/DOJ

OCT 17 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KMB Asset Solutions 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:

Kyle Brown

Name of Person

KMB Asset Solutions LLC

Firm/Company

1536 Tawny Marsh Ct.

Address

St. Augustine, FL 32092

City/State and Zip Code

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

For further information concerning this matter, please call:

Kyle Brown

Name of Person

at (954)

Area Code

234-0972

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: KMB Asset Solutions LLC

SECOND: The Florida Document Number of the limited liability company is: L15000150374

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

1536 Tawny Marsh Ct.

St. Augustine, FL 32092

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

1536 Tawny Marsh Ct.

St. Augustine, FL 32092

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: Kyle Brown, member

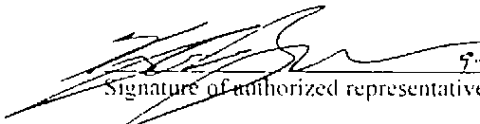
b. No authority granted to: _____

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

a. Granted to: Kyle Brown, member

b. No authority granted to: _____

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CLERK OF CIRCUIT COURT
JANET L. BROWN
TALLAHASSEE, FLORIDA


Signature of authorized representative

Kyle Brown
Typed or printed name of signature

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