

L15000 175915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 29 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE IV 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:

SUE DEVERSON, CP, FRP

Name of Person

TRIPP SCOTT, P.A.

Firm/Company

110 SE 6th STREET, 15th FLOOR

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

debbie.hoff@CommerceBank.com

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

For further information concerning this matter, please call:

Sue Deverson, CP, FRP

Name of Person

954

Area Code

525-7500

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: TRUE IV LLC

SECOND: The Florida Document Number of the limited liability company is: L15000175915

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

c/o Commerce Family Office

8000 Forsyth Boulevard

St. Louis, MO 63105

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

c/o Commerce Family Office

PO Box 16550

St. Louis, MO 63105-6550

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.

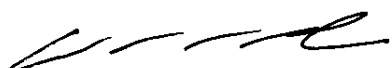
a. Granted to: _____

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: DAVID J. KRAUSS

b. No authority granted to: _____



Signature of authorized representative

August A. Busch, IV, MGR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE FLORIDA