

L15000179203

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -7 A 9 01

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carthage 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:

Keith A. Brady

Name of Person

Keith Brady Law, P.A.

Firm/Company

970 Lake Carillon Dr, Ste 300

Address

St. Petersburg, FL 33716

City/State and Zip Code

keith@keithbradylaw.com

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

For further information concerning this matter, please call:

Keith A. Brady

727

290 2669

Name of Person

at (_____) _____

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

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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: Carthage LLC

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

THIRD: The street address of the limited liability company's principal office is:
1560 Central Ave

Unit 321

St. Petersburg, FL 33705

The mailing address of the limited liability company's principal office is:
1560 Central Ave

Unit 321

St. Petersburg, FL 33705

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.

Abdallah Taieb

- a. Granted to: _____

- b. No authority granted to: Any other member

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

Abdallah Taieb

- a. Granted to: _____

- b. No authority granted to: Any other member

Abdallah Taieb
Signature of authorized representative

Abdallah Taieb
Typed or printed name of signature

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

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TALLAHASSEE, FLORIDA

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