

L15000179330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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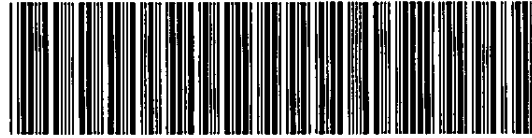
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southside Residential One, 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:

Apostolos Gionis

Name of Person

St Pete Residential Management, LLC

Firm/Company

612 S Martin Luther King Jr., Ave.

Address

Clearwater, FL 33756

City/State and Zip Code

pgionis@gionislaw.com

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

For further information concerning this matter, please call:

Apostolos Gionis

at (727) 446-3333

Name of Person

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

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: Southside Residential One, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000179330

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

612 S Martin Luther King Jr., Ave.

Clearwater, FL 33756

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

612 S Martin Luther King Jr., Ave.

Clearwater, FL 33756

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: Robert McKinney

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: Robert McKinney

b. No authority granted to: _____

Apostolos Gionis
Signature of authorized representative

Apostolos Gionis

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14) STATE OF FLORIDA
COUNTY OF PINELLAS

I hereby witnessed Apostolos Gionis

power of attorney

