

L15000180567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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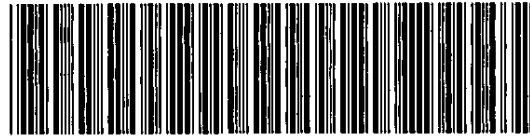
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANRAYE, 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:

ROBERT L. JONES, III

Name of Person

JIMERSON & COBB, P.A.

Firm/Company

1 INDEPENDENT DR., SUITE 1400

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

RJONES@JIMERSONCOBB.COM

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

For further information concerning this matter, please call:

ROBERT L. JONES, III

Name of Person

at (904)

Area Code

389-0050

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: DANRAYE, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000180567

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

1505 SETON PLACE

FLEMING ISLAND, FL 32003

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

1505 SETON PLACE

FLEMING ISLAND, FL 32003

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: Matthew D. Welch, Manager and President

Susan R. Welch, Treasurer and Secretary

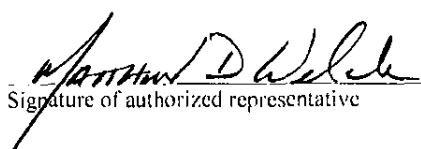
b. No authority granted to: ANY OTHER PERSONS

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

a. Granted to: Matthew D. Welch, Manager and President

Susan R. Welch, Treasurer and Secretary

b. No authority granted to: ANY OTHER PERSONS


Signature of authorized representative

Matthew D. Welch, MGR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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