1160000000194

(1	Requestor's Name)	
(,	Address)	
(Address)	•
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
L		
	Office Use Only	



900291158149

10/14/16--01021--018 **55.00

OCT 1 7 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southern Herlinge Holdings, LLC Name of Limited Liability Company
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:
Alon R. Isaacsur
1. William 0.1.1 0.1001
Southern Heritage Holding, LCC Firm/Company
6827 Yucaton Street
Milton, Florida 32576 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alank Jsaacon at (850) 292-6644 Name of Person Area Code Daytime Telephone Number
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

authority:	section 605.0302(1), Florida S	•				
FIRST: The	e name of the limited liability	company is:	Southern	Herstege	Huldenss	راد
SECOND:	The Florida Document Numb	er of the limited lia	bility company is:_	L1600	0000 494	1
THIRD: Th	the street address of the limited (827)	Incaten	Street			
	milton	Flor	1Je 325	-7 u		
T	he mailing address of the limi					
	6827 Yu miltur	, Fluid	<u> </u>	70		
position of a person on the	This statement of authority graperson in a company, whether e following: May execute an instrument to a. Granted to:	r as a member, tran	sferee, manager, of	ficer or otherwise or me of the company.		
	b. No authority grante	d to:				
2.	May enter into other transacta. Granted to:	Ai C	or otherwise act for	•	y.	
	b. No authority grante	d to:				
/11	R.R.		H	Then R. IS	kayon	
Signature of	authorized representative	 Filing Fee: Certified Copy:	Typed \$25.00 \$30.00 (optional)	or printed name of s	gnature	

CR2E138 (2/14)