

LIL 0000 88 754

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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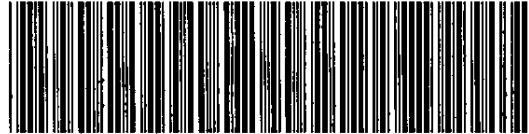
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2016

BLOUNT LAW, PL
809 WALKERBILT RD SUITE 6
NAPLES, FL 34110

SUBJECT: 1185 LITTLE TORCH KEY, LLC
Ref. Number: L16000088354

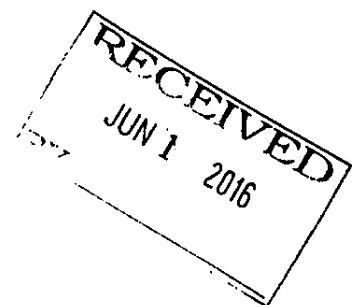
We have received your document for 1185 LITTLE TORCH KEY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 916A00010840



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: 1185 Little Torch Key, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000088354

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

110 21st ST S.W

Naples, FL 34117

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

110 21st ST S.W.

Naples, FL 34117

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: Jamesdon D. Stevens

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: Jamesdon D. Stevens

b. No authority granted to: _____



Signature of authorized representative

Jamesdon D. Stevens

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)