

L16000167903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

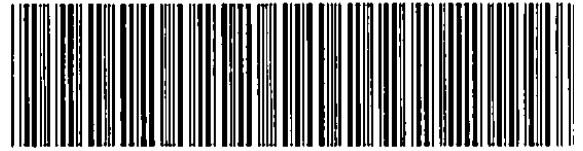
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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O. SIMMONS  
FEB 28 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G2 BABCOCK, 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:

Chris Gibson

Name of Person

GrayRobinson, P.A.

Firm/Company

301 South Bronough Street, Suite 600

Address

Tallahassee, FL 32301

City/State and Zip Code

SGornto@harbourpetro.com

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

For further information concerning this matter, please call:

Chris Gibson

850

577-6966

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
265 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: G2 BABCOCK, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000167903

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

21 WEST FEE AVENUE, SUITE F

MELBOURNE, FL 32901

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

P. O. BOX 440

MELBOURNE, FL 32902

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the ~~same~~ 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: MARK S. GORNT0

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: MARK S. GORNT0

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

2-26-19

SAMUEL E. GORNT0, TRUSTEE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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19 FEB 27 AM 8:44  
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TALLAHASSEE, FLORIDA