L16000181827

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RJ GORMAN CONTRACTING, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJ GORMAN CONTRACTING, 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

GRAYROBINSON, P.A.
Firm/Company

601 SOUTH PALAFOX STREET
Address

PENSACOLA, FL 32502
City/State and Zip Code

ROBERT.JONES@GRAY-ROBINSON.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. JONES, III at (448) 239-6032
Name of Person -Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)

(((H25000355052 3)))

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: RJ GORMAN CONTRACTING, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000187827

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

1944 FRANKFORD AVENUE

PANAMA CITY, FL 32405

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

1944 FRANKFORD AVENUE

PANAMA CITY, FL 32405

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: JUSTIN GORMAN, JARED GORMAN, KRISTINE BRYANT, AND JACOB GORMAN
   b. No authority granted to: N/A
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: JUSTIN GORMAN, JARED GORMAN, KRISTINE BRYANT, AND JACOB GORMAN
   b. No authority granted to: N/A

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Signature of authorized representative

Robert Justin Gorman
Typed or printed name of signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

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