

L16 000 209 123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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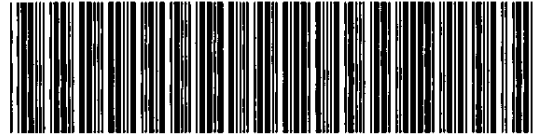
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regulus Capital, 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:

Ryan Featherstone
Name of Person

Dunlap & Moran, P.A.
Firm/Company

22 S. Linus Ave. #300
Address

Sarasota, FL 34236
City/State and Zip Code

rfeatherstone@dunlapmoran.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Featherstone at (941) 366-0115
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

*please send
certified
copy
here* ←

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: Regulus Capital, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000209123

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

149 S RIDGEWOOD AVE

STE 700

DAYTONA BEACH, FL 32114

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

P O BOX 772691

OCALA, FL 34477

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: Bradley A. Ayres

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: Bradley A. Ayres

b. No authority granted to: _____


Signature of authorized representative

Bradley A. Ayres
Typed or printed name of signature

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

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17 APR 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA