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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|----------------------|---------------------------------|--|--|--|
| SUBJECT: STIRLING BA | ANK, LLC | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Statement of Authority and fee(s) are su | bmitted for filing. | | | | |
| Please return all correspondence concerning this matter | er to the following: | | | | |
| BENNETT DAVID | | | | | |
| Name of Person | | | | | |
| Sara David Realty, Inc. | | | | | |
| Firm/Company | | | | | |
| 3300 N. 29th Avenue | | | | | |
| Address | | | | | |
| Hollywood, FL 33020 | | | | | |
| City/State and Zip Code | | | | | |
| bennettldavid@yahoo.com | | | | | |
| E-mail address: (to be used for future annual | report notification) | | | | |
| For further information concerning this matter, please | call: | | | | |
| Bennett David | at (954) | 925-7100 | | | |
| Name of Person | Area Code | Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | Registration | ADDRESS: a Section Corporations | | | |
| Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | P.O. Box 63 | | | | |

CR2E138 (2/14)

STATEMENT OF AUTHORITY

| FIRST: | The name of | of the limited liab | oility company is: | STIRLING BA | NK, LLC | | |
|-----------|--------------------------|---------------------|-------------------------|--|-----------------|--------------------------------|----------|
| | | | | | | | |
| SECON | D: The Flor | ida Document N | umber of the limited l | iability company is: | L16000 | 226497 | |
| THIRD: | : The street | address of the lin | nited liability compan | y's principal office is: | | | |
| | | 3300 N. | 29th Avenue 5 | UITE101 | | _ | |
| | | Hollywoo | d, FL 33020 | | | - | |
| | The mailir | _ | limited liability comp | any's principal office is | : | _ | |
| | | Same | | | | _ | |
| | | | | | | - | |
| | | | | | | _ 🚆 🕇 | • |
| person or | n the followi | ng: | ent transferring real p | operty held in the name | | | بر بر |
| | b. | No authority gra | | | - 1 - 1 - 1 - 1 | - | |
| : | May en | ter into other trai | nsactions on behalf of | , or otherwise act for or | bind, the comp | oany. | |
| | a. | Granted to: | BENNETT DAVI | ID | | - | |
| | b. | No authority gra | anted to: | | | - - | |
| | RS | | | | | id, Agent Und Tesher, Trust | |
| Signature | of authorize | ed representative | Filing Fee: | Typed or p \$25.00 y: \$30.00 (optional) | printed name o | f signature | |

CR2E138 (2/14)