

L16000227611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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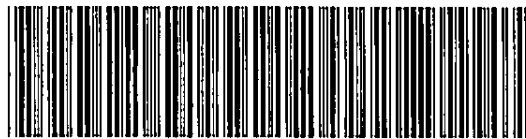
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2017

STEVEN M CHAMBERLAIN
752 E SILVER SPRING BLVD
OCALA, FL 34470

SUBJECT: 8225 NORMANDY BLVD, LLC.
Ref. Number: L16000227611

We have received your document for 8225 NORMANDY BLVD, LLC. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOC NUMBER HAS TO MATCH WITH THE COMPANY NAME

Please return 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 517A00017130

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: ~~8255~~ NORMANDY BLVD, LLC

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

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

13241 Bartram Park Boulevard Suite 209 Jacksonville, FL 32258

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

13241 Bartram Park Boulevard Suite 209 Jacksonville, FL 32258

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: Ashraf Affan

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 : Ashraf Affan

b. No authority granted to:


Signature of authorized representative

Steven M. Chamberlain

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)