

L17 0000 074ff

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

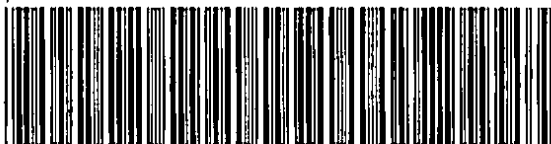
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 02 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bow Tie Homes 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:

Nancy Beasley

Name of Person

Bow Tie Homes LLC

Firm/Company

10224 Old Liberty Road

Address

Frederick, MD 21701

City/State and Zip Code

bowtiehomes@gmail.com

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

For further information concerning this matter, please call:

Nancy Beasley

at (

301

748-5191

) 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

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: Bow Tie Homes, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000007488

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

3030 N. Rocky Point Drive

Suite 150A

Tampa FL 33607

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

3030 N. Rocky Point Drive

Suite 150A

Tampa FL 33607

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.

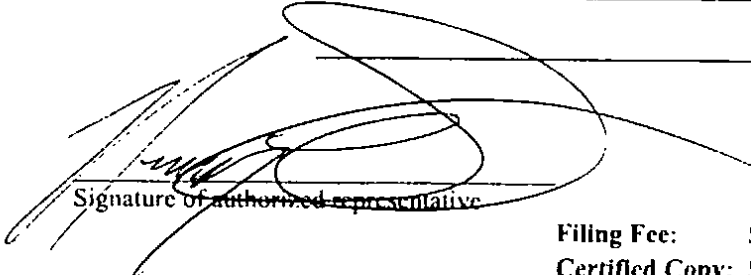
a. Granted to: Nancy K. Beasley

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or hind, the company.

a. Granted to: Nancy K. Beasley

b. No authority granted to: _____


Signature of authorized representative

Nancy K Beasley

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**