LI7000037975

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COVER LETTER

TO: Registration Section Division of Corporations	•
Danielle Collins LLC SUBJECT:	
(Name of Limited Liabili	ity Company)
Please return all correspondence concerning this matter	er to:
Danielle Collins	
(Contact Person)	
Danielle Collins LLC dba The Salon Ember	
(Firm/Company)	
4402 Tradewinds Drive	
(Address)	
Jacksonville Beach FL 32250	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Danielle Collins 904 at (705-6355
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor ZI, \$25 Filing Fee	rida Department of State for: Filing Fee & Certified Copy
Advite a Addition	Sama Adding
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the authority:	following statement of
FIRST: The name of the limited liability company is: DANIELLE COLLINS LLC	
SECOND: The Florida Document Number of the limited liability company is: L17000037	975
THIRD: The street address of the limited liability company's principal office is: 4402 Tradewinds Drive	
Jacksonville Beach FL 32250	
The mailing address of the limited liability company's principal office is: 4402 Tradewinds Drive	
Jacksonville Beach FL, 32250	= = = = = = = = = = = = = = = = = =
FOURTH: This statement of authority grants or sets limitations of authority on all persons position of a person in a company, whether as a member, transferee, manager, officer or oth person on the following: 1. May execute an instrument transferring real property held in the name of the case. a. Granted to: Danielle Collins	nerwise or to a specific company.
b. No authority granted to:	
May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: Danielle Collins	e company.
b. No authority granted to:	
Mepho Colleges Hepho Colleges Danielle Collins an	d Stephen Collins
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	name of signature