

COVER LETTER

TO: Registration Section
Division of Corporations

July 7, 2017

SUBJECT: Deline, L.L.C

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:

TRACI WALKER

Name of Person

DELINE, L.L.C.

Firm/Company

8045 NW GAINESVILLE RD

Address

OCALA, FL 34475

City/State and Zip Code

traci@zipthecanyons.com

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

For further information concerning this matter, please call:

KIM CHARLES HORNBAUGH, ESQ.

239

592-9828

at ()

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

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: Deline, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L17000080021

THIRD: The street address of the limited liability company's principal office is:
8045 NW GAINESVILLE RD
OCALA, FL 34475

The mailing address of the limited liability company's principal office is:
8045 NW GAINESVILLE RD
OCALA, FL 34475

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or to any specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: TRACI J. WALKER OR DAVID WALKER,
INDEPENDENTLY

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: TRACI J. WALKER OR DAVID WALKER
INDEPENDENTLY

b. No authority granted to: _____

FILED
17 JUL 13 PM 1:48
DIVISION OF CORPORATIONS


Signature of authorized representative

TRACI J. WALKER
Typed or printed name of signature

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