

L17000137910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

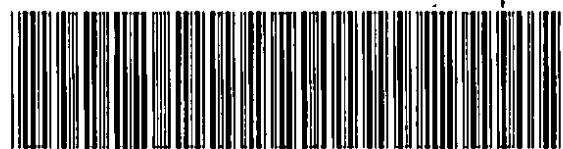
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENDER PAYMENT, 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:

CARL G. HAWKINS

Name of Person

RENDER PAYMENT, LLC

Firm/Company

6196 LAKE GRAY BLVD, STE 109

Address

JACKSONVILLE, FL 32244

City/State and Zip Code

carl@renderpayment.com

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

For further information concerning this matter, please call:

CARL G. HAWKINS

Name of Person

at (321)

Area Code

544-6685

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

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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: RENDER PAYMENT, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000137910

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

6196 LAKE GRAY BLVD, STE 109

JACKSONVILLE, FL 32244

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

6196 LAKE GRAY BLVD, STE 109

JACKSONVILLE, FL 32244

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: CHRISTIAN RISHEL; MICHAEL HAWKINS

b. No authority granted to: ANY OTHER INDIVIDUAL

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

a. Granted to: CHRISTIAN RISHEL; MICHAEL HAWKINS

b. No authority granted to: ANY OTHER INDIVIDUAL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature of authorized representative

MICHAEL HAWKINS
Typed or printed name of signature

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