117000154533

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEAR OF STATE
FART ASSEE, FLORIDA

S. WARREN 0CT 2 5 2017



4488 North Oceanshore Boulevard Palm Coast. Florida 32137 Telephone (386) 445-9322 Facsimile (386) 446-4951

Timothy J. Conner tjconner@chlpa.com

William J. Bosch wbosch@chlpa.com

October 23, 2017

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Statement of Authority

Dear Sir/Madam:

Please find enclosed the original Statement of Authority for Green Lion Café, LLC

Further enclosed is a check in the sum of \$25.00 made payable to the "Florida Department of State" in payment of the filing fee.

Your prompt attention to this matter would be appreciated.

Sincerely,

Timothy J. Conner

Attorney

TJC:rg Enclosures

COVER LETTER

Div	ision of Corporations		
SUBJECT:	GREEN LION CAFE, LLC		
oonene		ited Liability Comp	pany
Dear Sir or M	Madam:		
The enclosed	I Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	all correspondence concerning this matte	er to the following:	
Timothy .	J. Conner, Attorney		
	Name of Person		
Conner E	Bosch Law, P.A.		
	Firm/Company		
4488 N. (Oceanshore Blvd.		
	Address		
Palm Coa	ast, Florida 32137		
-	City/State and Zip Code		
tjconner@	@cblpa.com		
E-t	mail address: (to be used for future annual	report notification)
For further i	nformation concerning this matter, please	call:	
Regina G	Gutierrez	386 _ at (445-9322
	Name of Person	Area Code	Daytime Telephone Number
	REET/COURIER ADDRESS:		G ADDRESS:
	gistration Section	Registration Section Division of Corporations	
	rision of Corporations Ron Building	P.O. Box	
	61 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

TO:

Registration Section

STATEMENT OF AUTHORITY

authority:	, this limited liability company submits the following state	ment of
FIRST: The name of the limited liability compa	iny is: Green Lion Cafe, LLC	
SECOND: The Florida Document Number of th	ne limited liability company is: L17000154533	
THIRD: The street address of the limited liability 501 Oceanshore Blvd.	ty company's principal office is:	
Flagler Beach, FL 32136		
The mailing address of the limited liab	pility company's principal office is:	
Flagler Beach, FL 32136		
position of a person in a company, whether as a reperson on the following:	r sets limitations of authority on all persons having the statemember, transferee, manager, officer or otherwise or to a spring real property held in the name of the company. r Marlow	
Anthony M		17 (
b. No authority granted to:	Christopher Marlow Anthony Marlow	17 OCT 24 AM
May enter into other transactions o a. Granted to :	on behalf of, or otherwise act for or bind, the compane	8: 16
b. No authority granted to:	Christopher Marlow	
Signature of authorized representative Filin	Typed or printed name of signaturing Fee: \$25.00	1 <u>0 y</u> , re

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)