

L17000209265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

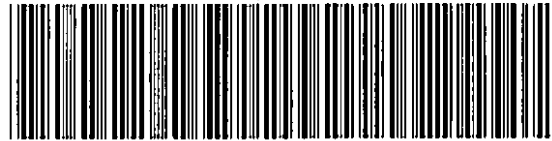
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 JAN 12 PM 3:53

J. LEGGETT
JAN 16 2018

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 JAN 12 AM 7:35

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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Statement

First call Technologies, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Call Technologies, 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:

Ned Mahic, Manager

Name of Person

Oceanelle, LLC

Firm/Company

1321 Blanshard Street, Suite 301

Address

Victoria, British Columbia V8W 0B

City/State and Zip Code

ned@oceanelle.com

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

For further information concerning this matter, please call:

Ned Mahic

at (312) 395-0222

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: First Call Technologies, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000209265

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

1110 Brickell Avenue, Suite 402-02

Miami, Florida 33131

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

2142 Brandywine Falls Way

Orlando, Florida 32824

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TALLAHASSEE

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: _____

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: Oceanelle, LLC, Manager

b. No authority granted to: _____



Signature of authorized representative

Ned Mahic, Manager of Oceanelle

Typed or printed name of signature

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