

L17000 240376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

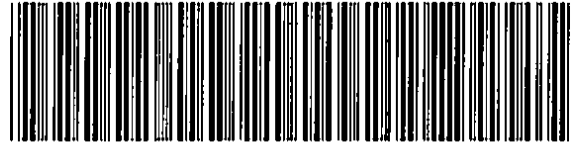
(Business Entity Name)

(Document Number)

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MAR 20 2020
C.M. MORRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Two Coins, 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:

Max M. Suter, Manager

Name of Person

Two Coins, LLC

Firm/Company

PMB 382 1650-302 Margaret St.

Address

Jacksonville, FL 32204

City/State and Zip Code

madmaxx@retusgroup.com

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

For further information concerning this matter, please call:

Max M. Suter

904

384-4445

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FEB 27 2014
FEB 27 2014

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: Two Coins, LLC

SECOND: The Florida Document Number of the limited liability company is: L170002403766

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

PMB 382 1650-302 Margaret St.

Jacksonville, FL 32204

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

PMB 382 1650-302 Margaret St.

Jacksonville, FL 32204

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.

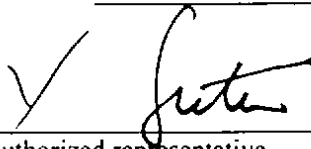
a. Granted to: Max M. Suter

b. No authority granted to: Any other person

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

a. Granted to: Max M. Suter

b. No authority granted to: Any other person


Signature of authorized representative

Max M. Suter

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**