

L18000027342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

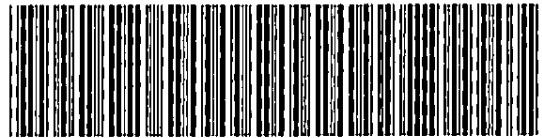
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER

AUSLEY McMULLEN

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TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

March 5, 2018

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Loki Investors, LLC – Statement of Authority**
Document Number L18000027342

Dear Madam/Sir:

Enclosed for filing are an original and one copy of the Statement of Authority for **Loki Investors, LLC**, a limited liability company. Also enclosed is our check in the amount of:

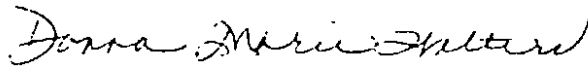
☐ \$25.00
Filing Fee

☒ \$55.00
Filing Fee &
Certified Copy
(additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy.

Thank you in advance for your usual assistance in these matters.

Sincerely,


Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw
Enclosures

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: LOKI INVESTORS, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000027342

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

13656 Tenacity Lane

Tallahassee, Florida 32312

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

13656 Tenacity Lane

Tallahassee, Florida 32312

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.

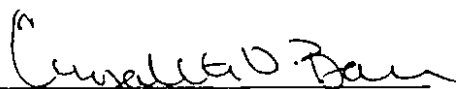
a. Granted to: Melville H. Ireland, Jr.

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: Melville H. Ireland, Jr.

b. No authority granted to: _____


Signature of authorized representative

Elizabeth D. Barron

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)