

480000 27729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 NOV 26 AM 11:20
TALLAHASSEE, FL
SIX

NOV 27 2019
10:55 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The District at Church Street
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Casey Preston

Name of Person

The District Has

Firm/Company

534 w Church St

Address

Orlando, FL 32805

City/State and Zip Code

Kc.district

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

For further information concerning this matter, please call:

Casey Preston

Name of Person

at (321)

Area Code

438-6366

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: The District at Church
Street LLC

SECOND: The Florida Document Number of the limited liability company is: L18000027729

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

534 W Church St
Orlando, FL 32805

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

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: Casey Preston

b. No authority granted to: Anyone else

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

a. Granted to: Casey Preston

b. No authority granted to: Anyone else


Signature of authorized representative

Casey Preston
Typed or printed name of signature

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

2019 NOV 26 AM 11:20
TALLAHASSEE COUNTY