

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

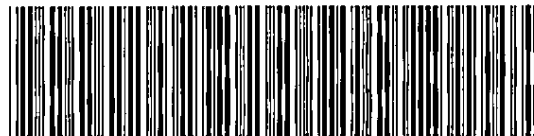
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000318333790

09/14/18--01007--001 **115.00

RECEIVED
DEPARTMENT OF STATE
18 SEP 14 AM 9:15

3. PRATICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACCHIONE, 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:

ROBERT L. MARLOW

Name of Person

TENNESSEE ATTORNEY FOR LLC

Firm/Company

228 RIVERBEND COUNTRY CLUB ROAD

Address

SHELBYVILLE, TN 37160

City/State and Zip Code

rlmarlow3@gmail.com

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

For further information concerning this matter, please call:

ROBERT L. MARLOW

Name of Person

at (**931**)

Area Code

492-3893

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: MACCHIONE, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000091670

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

306 RISING SUN LANE

OLD HICKORY, TN 37138

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

306 RISING SUN LANE

OLD HICKORY, TN 37138

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: ROBERT L. MARLOW

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: ROBERT L. MARLOW

b. No authority granted to: _____



Signature of authorized representative

VAULENE STEWART, MGR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)