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| (Req | uestor's Name) | | | |
|---|-----------------|-----------|--|--|
| (Addı | ess) | | | |
| (Addr | ress) | | | |
| (City/ | State/Zip/Phone | e #) | | |
| | | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



EMMANUEL SHEPPARD & CONDON

ATTORNEYS AT LAW SINCE 1913

Sally B. Fox Attorney at Law 30 S Spring Street Pensacola, FL 32502 <u>Sfox@esclaw.com</u> (850) 433-6581 | esclaw.com

June 11, 2024

VIA MAIL DELIVERY Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> Re: Statement of Authority – Medley Development Group, LLC Our File: 14485-162808

To Whom It May Concern:

Enclosed is our Check#151195 in the amount of \$25.00 for the Statement of Authority being filed for Medley Development Group, LLC.

Sincerely, Vise Keke

Alisa Kiker for Sally B. Fox

/ajk Enclosures

113 PH 2:01

TO: Registration Section Division of Corporations

SUBJECT: MEDLEY DEVELOPMENT GROUP, 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:

ADAM R. MEDLEY

Name of Person

MEDLEY DEVELOPMENT GROUP, LLC

Firm/Company

1201 N. P STREET

Address

PENSACOLA, FLORIDA 3505

City/State and Zip Code

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

For further information concerning this matter, please call:

сM

Name of Person

at (<u>856</u> 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



CR2E138 (2/14)

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: ______MEDLEY DEVELOPMENT GROUP, LLC

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

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

1201 N P STREET

PENSACOLA, FLORIDA 32505

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

1201 N P STREET

PENSACOLA, FLORIDA 32505

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the states or position of a person in a company, whether as a member, transferee, manager, officer or otherwise to a specific person on the following:

| | | 17 | 4 N N |
|---|--------------------------|----|-----------------|
| 1. May execute an instrument transferring real property held in the name of the company | - 24 | | , * #%/# |
| a. Granted to:ADAM R. MEDLEY - MANAGER | $\stackrel{\sim}{\prec}$ | در | ۰ مسید مسید |
| a. Granted to: | \odot | | - " |
| in | | | <u>بت مر</u> |
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| , | 5.1 | | |

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 : _____ ADAM R. MEDLEY - MANAGER

b. No authority granted to: _____

| | ADAM R. MEDLEY | | |
|--|-------------------------------------|----------------------|--|
| Signature of authorized representative | – Filing Fee: Certified Copy: | \$25.00 \$30.00 (| Typed or printed name of signature optional) |

CR2E138 (2/14)