

L18000101392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

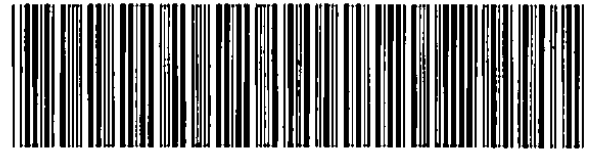
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Statement of A/C

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 315 Real Estate Capital, 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:

Duane Romanello

Name of Person

Duane C. Romanello, P.A.

Firm/Company

1919 Blanding Blvd

Address

Jacksonville, FL 32210

City/State and Zip Code

steve.ralys@gmail.com

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

For further information concerning this matter, please call:

Duane Romanello	904	384-1441
Name of Person	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

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: 315 Real Estate Capital, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000101392

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

3721 DUPONT STATION COURT SOUTH

JACKSONVILLE, FL 32217

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

3721 DUPONT STATION COURT SOUTH

JACKSONVILLE, FL 32217

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: Carrie James

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: _____

b. No authority granted to: _____



Signature of authorized representative

Kyle Passkiewicz

Typed or printed name of signature

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