

L18000152982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

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D. BRUCE
OCT 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reality CWL Training 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:

Kris R Fullington
Name of Person

Reality CWL Training LLC
Firm/Company

6511 Brooklyn Bay Rd
Address

Keystone Heights FL 32656
City/State and Zip Code

ssnbubble@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris R Fullington at (912) 227-1154
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Reality CWL TRAINING LLC

SECOND: The Florida Document Number of the limited liability company is: L18000152982

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

6511 Brooklyn Bay Rd
Keystone Heights FL
32656

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

6511 Brooklyn Bay Rd
Keystone Heights FL
32656

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: KAREN MacNICHOL Fullington

b. No authority granted to: N/A

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

a. Granted to: KAREN MacNICHOL Fullington

b. No authority granted to: N/A

KRF
Signature of authorized representative

KRIS R Fullington
Typed or printed name of signature

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL