

118000166578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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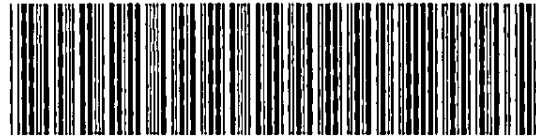
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NLCDS ST. AUGUSTINE, 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:

HOPE HENDERSON

Name of Person

NET LEASE ALLIANCE, LLC

Firm/Company

105 TALLAPOOSA STREET, SUITE 307

Address

MONTGOMERY, AL 36104

City/State and Zip Code

hhenderson@netleasealliance.com

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

For further information concerning this matter, please call:

HOPE HENDERSON

at (334) 247-6219

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: NLCDS ST. AUGUSTINE, LLC

SECOND: The Florida Document Number of the limited liability company is: L18000166578

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

105 TALLAPOOSA STREET, SUITE 307

MONTGOMERY, AL 36104

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

105 TALLAPOOSA STREET, SUITE 307

MONTGOMERY, AL 36104

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

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Samuel L. Colson or Ronald H. Johnston

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: Samuel L. Colson or Ronald H. Johnston

b. No authority granted to: _____



Signature of authorized representative

Samuel L. Colson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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19 JAN 27 PM 5:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA