

L18000176376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

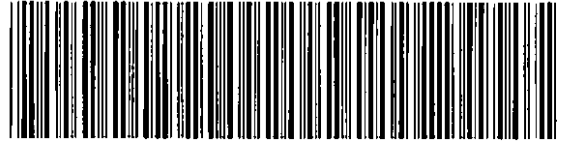
(Business Entity Name)

(Document Number)

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2023 SEP -7 PM 12:40  
DIVISION OF CORP. AFFAIRS  
STATE OF NEW YORK

RECEIVED  
09/07/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TWO TWENTY SIX INVESTMENTS 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:

Ryan Featherstone

Name of Person

Dunlap Moran

Firm/Company

22 S. Links Ave., Suite 300

Address

Sarasota, FL 34236

City/State and Zip Code

rfeatherstone@dunlapmoran.com

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

For further information concerning this matter, please call:

Ryan Featherstone

941

366-0115

at ( )

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

STATE BOARD OF  
DIVISION OF CORPORATIONS

2023 SEP - 7 PM 12:40

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: TWO TWENTY SIX INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L18000176376

THIRD: The street address of the limited liability company's principal office is:
25 N MARKET ST.
JACKSONVILLE, FL 32202

The mailing address of the limited liability company's principal office is:
25 N MARKET ST.
JACKSONVILLE, FL 32202

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: Tracy K. Scheib

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: N/A

b. No authority granted to: N/A

2023 SEP - 7 PM 12: 40
DIVISION OF CORPORATE & FINANCIAL SERVICES

[Handwritten Signature]
Signature of authorized representative

Diana W. Scheib
Typed or printed name of signature

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