

L18000 260090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

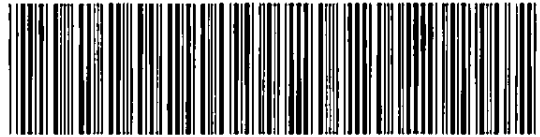
(Business Entity Name)

(Document Number)

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2023 APR - 7 PM 3:41

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLUVION PROPERTIES 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:

James A. Scheideman

Name of Person

Firm/Company

11713 Fitchwood Circle

Address

Jacksonville, FL 32258

City/State and Zip Code

alluvion.properties@gmail.com

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

For further information concerning this matter, please call:

James Scheideman

+971

528558758

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

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2023 APR - 7 PM 3:41
TALLAHASSEE, FL
REGISTRATION SECTION

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: ALLUVION PROPERTIES LLC

SECOND: The Florida Document Number of the limited liability company is: L18000260090

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

11713 FITCHWOOD CIRCLE

JACKSONVILLE, FL 32258

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

11713 FITCHWOOD CIRCLE

JACKSONVILLE, FL 32258

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TALLAHASSEE, FL

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.

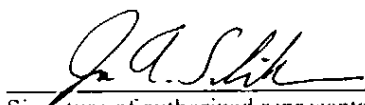
a. Granted to: JAMES ALLEN SCHEIDEMAN

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: JAMES ALLEN SCHEIDEMAN

b. No authority granted to: N/A


Signature of authorized representative

JAMES A. SCHEIDEMAN, SR.
Typed or printed name of signature

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