L19000074380

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COVER LETTER

Registration Section Division of Corporations

TO:

T1042 521 14/	116
SUBJECT: TIMBERLIN LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
KEN MEYERS Name of Person	
TIMBERLIN LLC Firm/Company	
6460 157 d, ST. W.	
APPLE VALLEY MW City/State and Zip Code	<u>55124</u>
KMEYERS 514 @ HOTMA: E-mail address: (to be used for future annua	
For further information concerning this matter, please	e call:
Name of Person	at (6/2) 309 - 4687 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

CR2E138 (2/14)

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: TIMBERLIN LLC
SECOND: The Florida Document Number of the limited liability company is: <u>L 190000 74380</u>
THIRD: The street address of the limited liability company's principal office is:
7701 TIMBERLIN PARC BLVD H 1023
TACKSONVILLE, FL 32256
The mailing address of the limited liability company's principal office is: 6460 157 th ST. W
APPLE VALLEY, MU SS124
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: 31CH THAO THI LE
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: <u>GICH THAO THI LE</u>
b. No authority granted to:
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)