

119000198975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

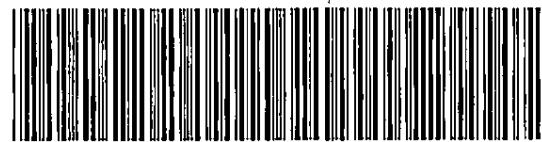
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FIL ID  
19 AUG 23 PM 9:32  
SHERIFF'S OFFICE  
TARRANT COUNTY, TEXAS  
08/23/19--01023--003    \*\*25.00

10 AUG 23 PM 12:21  
SHERIFF'S OFFICE  
TARRANT COUNTY, TEXAS

K. SALLY  
AUG 26 2019

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Normandy Maple LLC

Signature

Requested by: Seth

08/22/19

Name

Date

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Normandy Maple 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:

Matthew P Trammell

Name of Person

Normandy Maple LLC

Firm/Company

PO Box 16478

Address

Fernandina Beach, FL 32035

City/State and Zip Code

[matt@trammco.com](mailto:matt@trammco.com)

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

For further information concerning this matter, please call:

Matt Trammell

404

788-8606

Name of Person

at (

) Daytime Telephone Number

Area Code

**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: Normandy Maple LLC

**SECOND:** The Florida Document Number of the limited liability company is: 119000198975

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

4949 Spanish Oaks Circle

Fernandina Beach, Florida 32034

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

PO Box 16478

Fernandina Beach, Florida 32035

**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.

Matthew P. Trammell or Laura H. Trammell  
Granted to:

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For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

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

Laura H. Trammell or Matthew P. Trammell

b. No authority granted to:

Matthew Trammell  
Signature of authorized representative

Matthew P. Trammell

Typed or printed name of signature

Filing Fee: \$25.00

**Certified Copy: \$30.00 (optional)**