

L20000 194799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

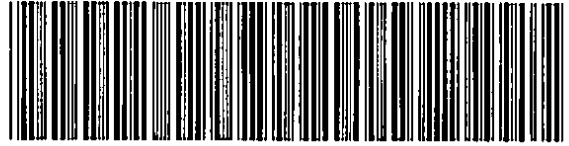
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2020 AUG -3 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

SEP 2 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rhochelle Duplicate Design 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:

Rhonda Jackson

Name of Person

Rhochelle Duplicate Design

Firm/Company

1650 Margaret Street Suit 302

Address

Jacksonville, Florida 32206

City/State and Zip Code

rhonda.jackson1964@icloud.com

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

For further information concerning this matter, please call:

Epiphany Harvey

904

4348907

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

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: Rhochelle Duplicate Design LLC

SECOND: The Florida Document Number of the limited liability company is: L20000194799

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

1650 Margaret Street Suit 302

Jacksonville, Florida 32206

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

1057 E. 11th Street

Jacksonville, Florida 32206

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: Owner - Rhonda R. Jackson of Rhochelle Duplicate Design LLC

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: Owner- Rhonda R. Jackson of Rhochelle Duplicate Design LLC

b. No authority granted to: _____



Signature of authorized representative

Rhonda Jackson

Typed or printed name of signature

Filing Fee: **\$25.00**

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

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CLERK OF STATE
JASSEE, FL