

L20000220041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

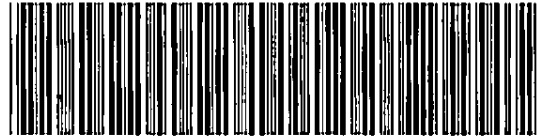
(Business Entity Name)

(Document Number)

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

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Safety Net of Duval County  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shemyah Wilson or Steve T. Wilson Jr.  
Name of Person

Safety Net of Duval County  
Firm/Company

2025 Pullman Street  
Address

Jacksonville, FL 32209  
City/State and Zip Code

safetynetofduvalcounty@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve T. Wilson Jr / Tracy T. Wilson Jr at ( 904 ) 981-0428 / or 904-514-9136  
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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Safety Net of Duval County

SECOND: The Florida Document Number of the limited liability company is: L2000020041

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

2025 Pullman Street  
Jacksonville, FL 32209

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

2025 Pullman Street  
Jacksonville, FL 32209

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: STEVE T. Wilson JR  
CEO

b. No authority granted to: Patricia Owens  
AP

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

a. Granted to: Steve T. Wilson JR  
CEO

b. No authority granted to: Patricia Owens  
AP

Shemyah Wilson  
Signature of authorized representative

Shemyah Wilson  
Typed or printed name of signature

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