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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 504 Conneth In the Marking //C 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:
Name of Person
Say Cometh In The Mosning LLC Firm/Company
4705 2xt Court Address
Vere Beach H 32967 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Area Code Daytine 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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## 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: Sey Cometh in The
Morning LLC
SECOND: The Florida Document Number of the limited liability company is: L20000245820
THIRD: The street address of the limited liability company's principal office is:
4460 27 th Ave
4460 27th Ave Vica Beach Il 32967
The mailing address of the limited liability company's principal office is:
4705 28Th Court
Vira Beach Fl 32967
•
<b>FOURTH:</b> 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: (A) IlliAins
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: Veischle William 50 0
b. No authority granted to:
<del></del>
The hallows Paise 11. Williams
Signature of authorized representative Typed or printed name of signature
Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)

CR2E138 (2/14)