

L21000056585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

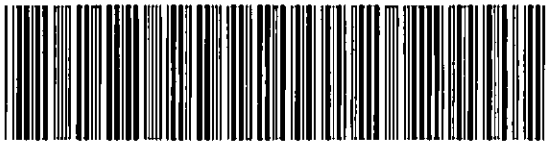
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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JUL 29 2021  
I ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** F.L DEED, 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:

ROBINN SINGLES

Name of Person

RLS FIRM, PLLC

Firm/Company

720 SAINT JONHS BLUFF ROAD N STE 2

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

sunbiz@rlsfirm.com

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

For further information concerning this matter, please call:

ROBINN SINGLES

904

944-7272

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: F.L. DEED, LLC

**SECOND:** The Florida Document Number of the limited liability company is: 1.21000056585

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

720 SAINT JOHNS BLUFF ROAD N

STE 2

JACKSONVILLE, FL 32225

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

720 SAINT JOHNS BLUFF ROAD N

STE 2

JACKSONVILLE, FL 32225

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**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:

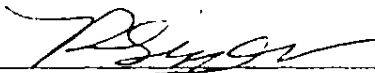
a. Granted to: ROBINN SINGLES

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: ROBINN SINGLES

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

ROBINN SINGLES  
Typed or printed name of signature

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