

122000312989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

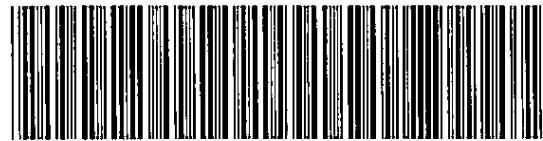
(Business Entity Name)

(Document Number)

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FILED
S. J. H.

A handwritten signature in black ink, appearing to read "S. J. H." or a similar initials.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wababa 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:

Kelley Jones

Name of Person

Kelley D. Jones, P.A.

Firm/Company

4110 NW 37th Place, Suite B

Address

Gainesville, FL 32606

City/State and Zip Code

Chadstock5@yahoo.com

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

For further information concerning this matter, please call:

Kelley Jones

352

377-2004

at ()

Area Code

Daytime Telephone Number

Name of Person

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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: Wababa, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000312989

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

24190 NW 160TH AVE

HIGH SPRINGS, FL 32643

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

24190 NW 160TH AVE

HIGH SPRINGS, FL 32643

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.

3. Granted to: Chad A. Stockdale

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

Chad A. Stockdale

b. No authority granted to:

Signature of authorized representative

Chad A. Stockdale

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)