122000442673

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #)	(Address)
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City(State/Zip/Dhope #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Cartified Capies Cartificates of Status
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special instructions to Filing Onices.	Secolal lectructions to Filing Officer
	Special instructions to Filing Onicer.
Lumills	IMIC

۱

•

Office Use Only



00/11/01/00/06--010/0+-25.00

··- '



EMMANUEL SHEPPARD & CONDON

ATTORNEYS AT LAW SINCE 1913

Sally B. Fox Attorney at Law 30 S Spring Street Pensacola, FL 32502 Sfox@esclaw.com | (850) 433-6581 | esclaw.com

February 29, 2024

VIA MAIL DELIVERY Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

> Re: Statement of Authority – Riley & Cagle Properties, LLC Our File: 18163-162123

To Whom It May Concern:

Enclosed is our Check#157325 in the amount of \$25.00 for the Statement of Authority for Riley & Cagle Properties, LLC.

Sincerely,

Alisa Kiker for Sally B. Fox

/ajk Enclosures

COVER LETTER

TO: **Registration Section** Division of Corporations

Riley & Cagle Properties, LLC SUBJECT:

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:

Instan

Name of Person

Riley & Cagle Properties, LLC

Firm/Company

2533 Corral Drive

Address

Cantonment, Florida 32533

City/State and Zip Code

Win riley 94@ g. na:1. LOM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Winston Kiley Name of Person at (850) Area Code Daytime Telephone Number

STREET/COURIER ADDRESS: **Registration Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

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: ______ Riley & Cagle Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000442673

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

2533 Corral Drive

Cantonment, Florida 32533

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

2533 Corral Drive

a.

Cantonment, Floria 32533

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.

Granted to:____

Joshua R. Cagle - Manager

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 : Winston Riley - Manager

Joshua R. Cagle - Manager

b. No authority granted to:

Signature of authorized representative

Typed or printed name of signature

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