

L22000470295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

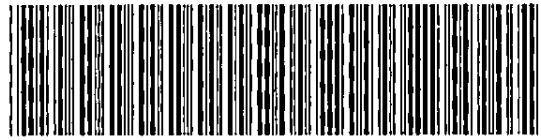
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Circle Title Solutions
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:

Laurel Newman
Name of Person

Full Circle Title Solutions
Firm/Company

1540 International Parkway Suite 2000
Address

Lake Mary FL 32746
City/State and Zip Code

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

For further information concerning this matter, please call:

Laurel Newman at (907) 942-7530
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: Full Circle Title Solutions

SECOND: The Florida Document Number of the limited liability company is: L22000470295

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

1540 International Pkwy
Suite 2000
Lake Mary FL 32746

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

1540 International Pkwy
Suite 2000
Lake Mary, FL 32746

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.

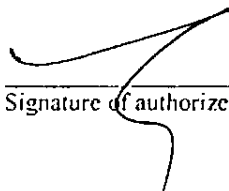
a. Granted to: Laurel Newman

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: Laurel Newman

b. No authority granted to: _____



Signature of authorized representative

Laurel Newman

Typed or printed name of signature

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