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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

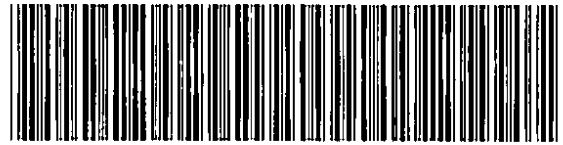
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soul Safe 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:

Connie Miller

Name of Person

Soul Safe LLC

Firm/Company

1403 Valley Pine Circle

Address

Apopka, FL 32712

City/State and Zip Code

cmiller@soul-safe.com

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

For further information concerning this matter, please call:

Connie Miller

Name of Person

407

at (_____) _____
Area Code

615-0253

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

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: Soul Safe LLC

SECOND: The Florida Document Number of the limited liability company is: 58-8016401866-3

THIRD: The street address of the limited liability company's principal office is:
1403 Valley Pine Circle, Apopka, FL 32712

The mailing address of the limited liability company's principal office is:
1403 Valley Pine Circle, Apopka, FL 32712

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.

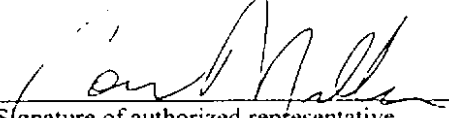
a. Granted to: Connie Miller and Geoffrey Miller

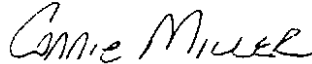
b. No authority granted to: Leslie V Herbert

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

a. Granted to: Connie Miller and Geoffrey Miller

b. No authority granted to: Leslie V Herbert


Signature of authorized representative


Typed or printed name of signature

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