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S. WARREN AUG 2 8 2017

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Semper Fidelis Capital Group	L.L.C.	
505011.011	Name of Lim	ited Liability Com	pany
Dear Sir or M	Aadam:		
The enclosed	Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	all correspondence concerning this matte	er to the following	:
Katrina H	. Dempsey, Esq.		
	Name of Person		
Radson [Dempsey PA		
	Firm/Company		
501 East	Fifth AVenue		
	Address		
Mount Do	ora FL 32757		
	City/State and Zip Code		
katrina@	radsondempsey.com		
E-n	nail address: (to be used for future annual	report notification	1)
For further in	nformation concerning this matter, please	call:	
Katrina H	. Dempsey, Esq.	352	383-6001
	Name of Person	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

STATEMENT OF AUTHORITY

authority	r:	05.0302(1), F						_		t of
FIRST:	The name of	of the limited I	iability con	npany is: Se	emper Fi	idelis Ca	pital Grou	ıp L.L.(· ·	
SECON	D: The Flor	rida Documen	t Number o	f the limited	liability co	ompany is:	_0900007	'3227		
	: The street	address of the	limited lial							
	Eustis, F	L 32736				,				
		ng address of	the limited	liability com	pany's prir	ncipal office	: is:			
	Ponce, F	PR 00733								
position	of a person in the follow	ecute an instr	whether as ument trans Jorge O.	a member, t	ransferee, : property he	manager, of	ficer or other	erwise or empany.		17 AUG 25
	b.	No authority		;					1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PH 1: 02
	2. May cr	nter into other		os on behalf o		wise act for	or bind, the	company	<i>i</i> .	
	b.	No authority	granted to	:						
Signature	e of authoriz	ed representa		iling Fee:	\$25.00	Typed	O. Cebol		gnature	-

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)