

LO9 0000 81067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800343148418

04/24/20--01010--001 **30.00

FILED
CLERK OF DISTRICT COURT
20 APR 26 AM 11:30
STATE OF MONTANA
JANUARY 2020

Statement
of
Authority

FILED
DISTRICT COURT
JANUARY 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAIANO, 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:

Paul K. Heuerman

Name of Person

Roetzel & Andress, LPA

Firm/Company

850 Park Shore Drive, Third Floor

Address

Naples, FL 34103

City/State and Zip Code

pheuerman@ralaw.com

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

For further information concerning this matter, please call:

Paul K. Heuerman

239

649-6200

at (_____) _____

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

CR2E13S (2/14)

2014 JUN 10 10:03 AM
REGISTRATION SECTION
DIVISION OF CORPORATIONS
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: SAIANO, LLC

SECOND: The Florida Document Number of the limited liability company is: 1090000081067

THIRD: The street address of the limited liability company's principal office is:
4099 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103

The mailing address of the limited liability company's principal office is:
4099 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103

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: Federico Hurth, Michaela Giudici Hurth, Annamaria Chiara
Giudici (each of the foregoing has full authority to act independently)

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: Federico Hurth, Michaela Giudici Hurth, Annamaria Chiara
Giudici (each of the foregoing has full authority to act independently)

b. No authority granted to: _____

Federico Hurth
Signature of authorized representative

Federico Hurth
Typed or printed name of signature

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

FILED
CLERK OF STATE
JAN 20 2011
TAMPA, FLORIDA