

L100000054670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

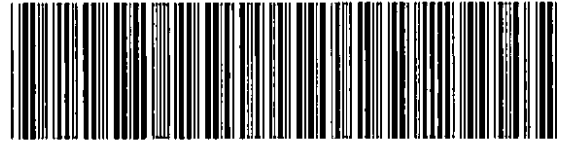
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 27 AM 9:33

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RECEIVED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CC
Stmt Keith

JUL 28 2021
1 ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 07/27/2021

****WALK IN****

ENTITY NAME NOVALIS, LLC

DOCUMENT NUMBER L10000054670

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$30.00

*H. S. ...
PER ERIC*

ACCOUNT #: I20160000072

S R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Novalis, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000054670

THIRD: The street address of the limited liability company's principal office is:
5700 W. Peppertree Circle
Davie, FL 33314

The mailing address of the limited liability company's principal office is:
5700 W. Peppertree Circle
Davie, FL 33314

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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: Thomas G. Sherman

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: Thomas G. Sherman

b. No authority granted to: _____

DocuSigned by:
MARCEL LAIK
808FADF46EEF400
Signature of authorized representative

Marcel Laik, Member
Typed or printed name of signature

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