

L14 000 176856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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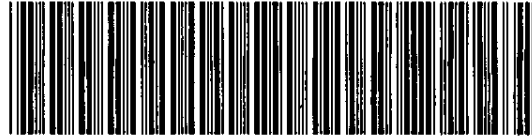
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 04 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Devonbriar 101, 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:

Nicholas Porto

\_\_\_\_\_  
Name of Person

Porto Law Firm

\_\_\_\_\_  
Firm/Company

1600 Baltimore, Suite 200A

\_\_\_\_\_  
Address

KANSAS CITY, MO, 64108

\_\_\_\_\_  
City/State and Zip Code

nporto@portolaw.com

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

For further information concerning this matter, please call:

Nicholas Porto

\_\_\_\_\_  
Name of Person

at (913) \_\_\_\_\_ )  
Area Code

302-7945

\_\_\_\_\_  
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: Devonbriar 101, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000176856

THIRD: The street address of the limited liability company's principal office is:  
372 Honeyeater Drive  
Walligan, Queensland, AUSTRALIA 4655

The mailing address of the limited liability company's principal office is:  
372 Honeyeater Drive  
Walligan, Queensland, AUSTRALIA 4655

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.

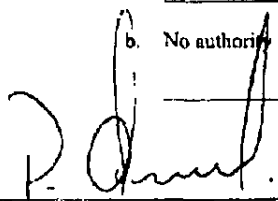
a. Granted to: Peter Abood

b. No authority granted to: Peter Abood

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

a. Granted to: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Peter Abood

Typed or printed name of signature

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

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TALLAHASSEE, FLORIDA

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