

46000193096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

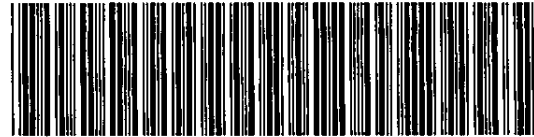
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 7 2016

George P. Langford

Attorney at Law

TAMIAMI CENTER
3357 TAMIAMI TRAIL NORTH
NAPLES, FLORIDA 34103-4165

TELEPHONE: (239) 262-2011
FACSIMILE: (239) 262-0902
E-MAIL: LangfordLaw@embarqmail.com

November 1, 2016

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
(850) 487-6051

Re: **AIRPORT ROAD NAPLES, LLC**

Ladies and Gentlemen:

Enclosed please find the following:

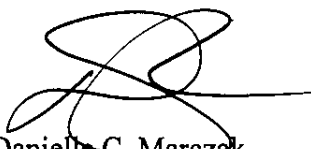
1. Statement of Authority;
2. Check in the amount of \$55.00.

Please file the Statement of Authority and return a certified copy for our records.

Should you have any questions please do not hesitate to contact this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely yours,



Danielle C. Marczak

Legal Assistant to George P. Langford

GPL/dcm
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIRPORT ROAD NAPLES, 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:

Danielle C. Marczak

Name of Person

George P. Langford

Firm/Company

3357 Tamiami Trail North

Address

Naples, FL 34103

City/State and Zip Code

langfordlaw@embarqmail.com

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

For further information concerning this matter, please call:

Danielle C. Marczak

at (

239

)
Area Code

262-2011

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

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TALLAHASSEE, FLORIDA

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: AIRPORT ROAD NAPLES, LLC

SECOND: The Florida Document Number of the limited liability company is: 116000193096

THIRD: The street address of the limited liability company's principal office is:

2918 Cinnamon Bay Circle

Naples, FL 34119

The mailing address of the limited liability company's principal office is:

2918 Cinnamon Bay Circle

Naples, FL 34119

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: ROBERTA CERVELLI

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: ROBERTA CERVELLI

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA


Signature of authorized representative

ROBERTA CERVELLI

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)