

L17000113940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

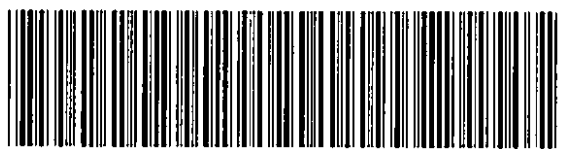
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANLEE PROPERTIES, 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:

Brent Baris
Name of Person

Baris Law, PLLC
Firm/Company

15906 NW 288th Lane
Address

Alachua, FL 32615
City/State and Zip Code

virginia@sanchezfarms.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Baris at (813) 363-5676
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

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: SANLEE PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000113940

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

479 NE 446TH STREET

OLD TOWN, FL 32680

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

479 NE 446TH STREET

OLD TOWN, FL 32680

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: Herman Sanchez, Jr., Virginia Sanchez,

Herman Sanchez III, Kelby Sanchez

b. No authority granted to: _____

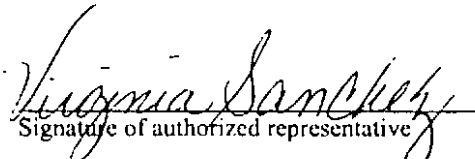
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Herman Sanchez, Jr., Virginia Sanchez,

Herman Sanchez III, Kelby Sanchez

b. No authority granted to: _____

2023 SEP -6 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED


Signature of authorized representative

Virginia Sanchez
Typed or printed name of signature

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