

L010000020923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

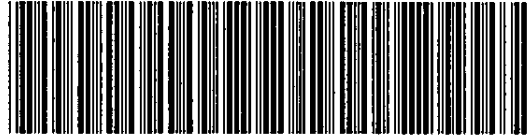
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 6 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sanchez Farms, 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:

John C. Bovay

Name of Person

Salter Feiber, P.A.

Firm/Company

P.O. Box 357399

Address

Gainesville, Florida 32635-7399

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:

John C. Bovay

Name of Person

at (352) 376-8201

Area Code

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

Salter-Feiber

ATTORNEYS AT LAW

3940 NW 16th Boulevard, Bldg. B
Gainesville, Florida 32605

P.O. Box 357399
Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996

www.salterlaw.net

JOHN C. BOVAY

Board Certified in Wills, Trusts & Estates
Law & Tax Law

February 19, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Authority for Sanchez Farms, LLC and HTK Farms, LLC

Dear Sir or Madam:

Enclosed please find the Statements of Authority for the above mentioned entities, along with our firm check in the amount of \$60.00 for the filing and certified copy fees. Once filed, please forward the documents to our office.

Thank you for your assistance.

Sincerely,



John C. Bovay

JCB:mh

cc: Virginia Sanchez

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: Sanchez Farms, LLC

SECOND: The Florida Document Number of the limited liability company is: L01000020923

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

479 NE 446th Street

Old Town, Florida 32680

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

479 NE 446th Street

Old Town, Florida 32680

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TALLAHASSEE, FLORIDA

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. and/or

Virginia Sanchez

b. No authority granted to: Anyone else

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

a. Granted to: Herman Sanchez, Jr. and/or

Virginia Sanchez

b. No authority granted to: Anyone else

Virginia Sanchez
Signature of authorized representative

Virginia Sanchez
Typed or printed name of signature

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