

L02 0000 32877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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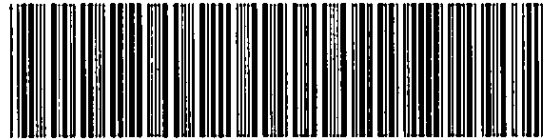
(Business Entity Name)

(Document Number)

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JUN 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST. JOSEPH, 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:

Alfred Lojo

Name of Person

Firm/Company

901 N Reus St.

Address

Pensacola, FL 32501

City/State and Zip Code

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

For further information concerning this matter, please call:

Alfred Lojo at (850) 341-5031

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: ST. JOSEPH, LLC

SECOND: The Florida Document Number of the limited liability company is: L02000032877

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

563A S. 61st Ave
Pensacola, FL 32506

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

PO BOX 36331
PENSACOLA, FL 32516

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: Alfred Lojo

b. No authority granted to: Wilfredo Lojo

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

a. Granted to: Alfred Lojo

b. No authority granted to: Wilfredo Lojo


Signature of authorized representative

Alfred Lojo
Typed or printed name of signature

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