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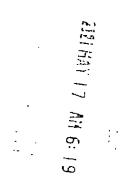
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O SIMMONS
JUN 23 2021

COVER LETTER

	ation Section n of Corporations		
enditezer.	ST. MICHAEL, LLC		
SUBJECT:	Name o	f Limited Liability Cor	npany
Dear Sir or Mad	am:		
The enclosed Sta	atement of Authority and fee(s)	are submitted for filing	? .
Please return all	correspondence concerning this	s matter to the followin	ā:
Alfred Lojo			
	Name of Person		_
	Firm/Company		_
901 N Reus St.			
	Address		_
Pensacola, FL 3	2501		
	City/State and Zip Code		_
alfred@rent850.	.com		
E-mail	address: (to be used for future a	annual report notification	on)
For further infor	mation concerning this matter, p	please call:	
Alfred Lojo		850	341-5031
	Name of Person	Area Code	Daytime Telephone Number
Mailing Address: Registration Section			Street Address: Registration Section
Division of Corporations			Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 stauthority:	ubmits the following statement of
FIRST: The name of the limited liability company is: ST, MICHAEL, LLC	
SECOND: The Florida Document Number of the limited liability company is:	1.02000032881
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	
P.O. BOX 36331 PENSACOLA, FL 32516	
FOURTH: This statement of authority grants or sets limitations of authority on a position of a person in a company, whether as a member, transferee, manager, off person on the following: 1. May execute an instrument transferring real property held in the nan a. Granted to: Alfred Lojo	icer or otherwise or to a specific ne of the company.
b. No authority granted to: Wilfredo Lojo	
May enter into other transactions on behalf of, or otherwise act for of a. Granted to: Alfred Lojo	or bind, the company.
b. No authority granted to: Wilfredo Lojo	
Alfred L.	ujo
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	or printed name of signature