

105000122466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

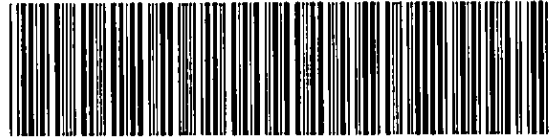
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FALL MOUNTAIN

JAN 06 2020
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Ripa LLC

Ripa LLC

The enclosed Statement of Authority and fee(s) are submitted for filing.

Maria Marchetti

Name of Person

Firm/Company

Address

Palm Beach, FL 33480

City/State and Zip Code _____

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

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

Maria Marchetti

670-3081

at {_____}

Area Code

Daytime Telephone Number

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: Ripa LLC

SECOND: The Florida Document Number of the limited liability company is: L05000122466

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

255 Clarke Avenue, Palm Beach, FL 33480

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

255 Clarke Avenue, Palm Beach, FL 33480

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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: Maria Marchetti

b. No authority granted to: Amos Dare

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

a. Granted to: Maria Marchetti

b. No authority granted to: Amos Dare


Signature of authorized representative

Maria Marchetti

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)