

LO60000107450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

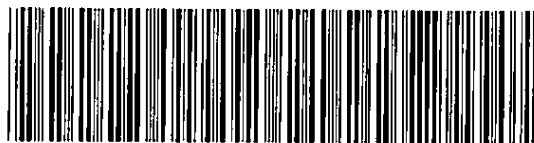
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DEC 15 2022

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SECRETARY OF STATE
TALLAHASSEE, FL
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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WALK IN

PICK UP: MISTY 12/14

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STATEMENT OF AUTHORITY

1. FAR NIENTE STABLES XX, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAR NIENTE STABLES XX, 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:

FRANCISCO J. GONZALEZ, ESQ.

Name of Person

GONZALEZ, SHENKMAN & BUCKSTEIN, P.L.

Firm/Company

110 PROFESSIONAL WAY

Address

WELLINGTON, FL 33414

City/State and Zip Code

MSTONE@WELLINGTONINTERNATIONAL.COM

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

For further information concerning this matter, please call:

FRANCISCO J. GONZALEZ, ESQ.

561

227-1575

at (_____) _____

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: FAR NIENTE STABLES XX, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000107450

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

14440 PIERSON ROAD

WELLINGTON, FL 33414

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

14440 PIERSON ROAD

WELLINGTON, FL 33414

2022 DEC 14 AM 9:10
SECRETARY OF
TALLAHASSEE

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: MICHAEL STONE

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: MICHAEL STONE

b. No authority granted to: _____

DocuSigned by:

Michael Stone

Signature of authorized representative

MICHAEL STONE, President

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)