

LO60000107450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

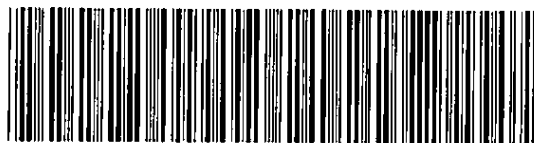
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2022 DEC 14 AM 11:09  
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SECRETARY OF STATE  
MAIL ASSISTANT

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

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**CERTIFIED COPY** \_\_\_\_\_

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**XX FILING**

**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  
STATE  
TALLAHASSEE, FL  
FILED

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)