

LOFOOOO2350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

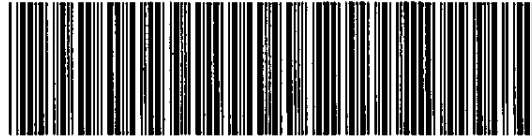
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 12 2016  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALOMA GROUP, 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:

Chad A. Shimel, Esq.

Name of Person

Cramer, Price & deArmas, P.A.

Firm/Company

1411 Edgewater Drive, Suite 200

Address

Orlando, FL 32804

City/State and Zip Code

cshimel@cramerprice.com

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

For further information concerning this matter, please call:

Chad A. Shimel at ( 407 ) 843-3300  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: ALOMA GROUP, LLC

SECOND: The Florida Document Number of the limited liability company is: L08000002350

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

1815 STATE ROAD 436

WINTER PARK, FL 32792

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

1815 STATE ROAD 436

WINTER PARK, FL 32792

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: Wesley Baldwin

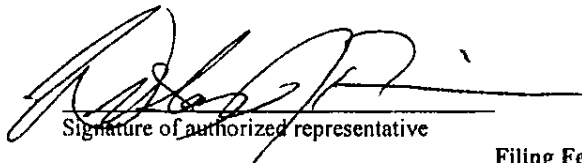
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Wesley Baldwin

Robert Beard

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Wesley Baldwin

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

16 MAY 11 PM 4:00  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA