

L08000110926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

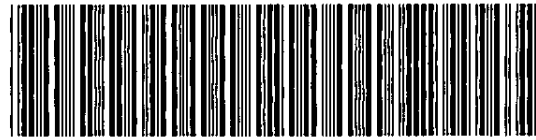
(Business Entity Name)

(Document Number)

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

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JAN 07  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORMOND BEACH PRINTING LLC dba BizCard Xpress  
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:

**DANIELA M. MORELLO**

Name of Person

**Ormond Beach Printing LLC - dba - BizCard Xpress**

Firm/Company

**P.O.BOX 620**

Address

**HIGGANUM, CT 06441**

City/State and Zip Code

**DANIELABCX@GMAIL.COM**

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

For further information concerning this matter, please call:

**DANIELA M. MORELLO**

Name of Person

at ( **860** )

Area Code

**324-6840**

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

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**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: ORMOND BEACH PRINTING LLC  
dba BIZCARD XPRESS

**SECOND:** The Florida Document Number of the limited liability company is: L08000110926

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

500 W. GRANADA BLVD

ORMOND BEACH, FLORIDA 32174

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

500 W. GRANADA BLVD

ORMOND BEACH, FLORIDA 32174

**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.

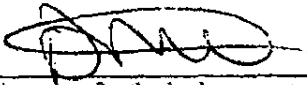
a. Granted to: DANIELA M. MORELLO & GAETANO  
MORELLO equally as a Manager Managed (MGR) LLC.

b. No authority granted to: Either party unless both parties agree,  
approve and authorize transfers unanimously.

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

a. Granted to: DANIELA M. MORELLO & GAETANO  
MORELLO equally as a Manager Managed (MGR) LLC.

b. No authority granted to: Either party unless both parties agree,  
approve and authorize transactions unanimously.

  
Signature of authorized representative

Daniela M. Morello

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA