

LC9000658672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKOTG L.L.C.

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:

Alexander B. Rotbart

Name of Person

The Rotbart Law Group, PA

Firm/Company

101-103 East Palmetto Park Road

Address

Boca Raton, FL 33432

City/State and Zip Code

chuckbonfiglio@aaarealtyfl.com

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

For further information concerning this matter, please call:

Chuck Bonfiglio

at (

954

445-9818

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

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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: SKOTG, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L09000058622

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

1961 NW 150 Ave.

Ste 105

Pembroke Pines, FL 33028

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

1961 NW 150 Ave

Ste 105

Pembroke Pines, FL 33028

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.

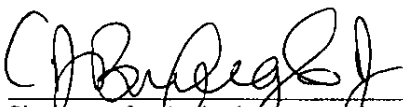
a. Granted to: Charles J. Bonfiglio, Jr.
or Tiffany Bonfiglio

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: Charles J. Bonfiglio, Jr.

b. No authority granted to: _____



Signature of authorized representative

Charles J. Bonfiglio, Jr.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)