

# L09000063029

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

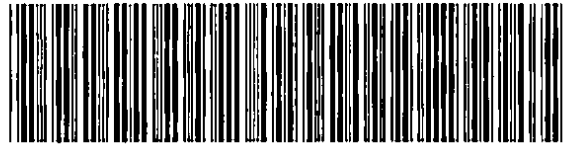
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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C. GOLDEN

AUG 12 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLA VISTA VENTURES, 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:

JOSEPH R. GOMEZ

\_\_\_\_\_  
Name of Person

SMGQLAW

\_\_\_\_\_  
Firm/Company

201 ALHAMBRA CIRCLE, SUITE 1205

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City/State and Zip Code

JGOMEZ@SMGQLAW.COM

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

For further information concerning this matter, please call:

JOSEPH R. GOMEZ

\_\_\_\_\_  
Name of Person

305

\_\_\_\_\_  
Area Code

377-1000

\_\_\_\_\_  
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: BELLA VISTA VENTURES, LLC

SECOND: The Florida Document Number of the limited liability company is: L09000063029

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

201 ALHAMBRA CIRCLE, SUITE 1205

CORAL GABLES, FLORIDA 33134

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

5220 SUMMERLIN COMMONS BLVD #500

(C/O CPSWFL)

FT. MYERS, FL 33907

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: LEOS NOVOTNY

b. No authority granted to: N/A

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

a. Granted to: LEOS NOVOTNY

b. No authority granted to: N/A

Signature of authorized representative

LEOS NOVOTNY

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)