

L100000054670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

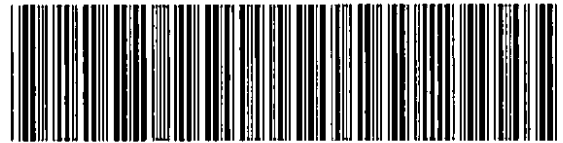
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2021 JUL 27 AM 9:33

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RECEIVED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JUL 28 2021

1 ALBRITTON

CC
Stmt + ltr

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/27/2021

****WALK IN****

ENTITY NAME NOVALIS, LLC

DOCUMENT NUMBER L10000054670

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$30.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas G. Sherman, P.A.
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:

Thomas G. Sherman, P.A.

Name of Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Sotolongo at (305) 448-5898 Ext. 204
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: Novalis, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000054670

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

5700 W. Peppertree Circle

Davie, FL 33314

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

5700 W. Peppertree Circle

Davie, FL 33314

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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: Thomas G. Sherman

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: Thomas G. Sherman

b. No authority granted to: _____

DocuSigned by:

MARCEL LAIK

868FADF46EEF490

Signature of authorized representative

Marcel Laik, Member

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)