

L10000 100047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

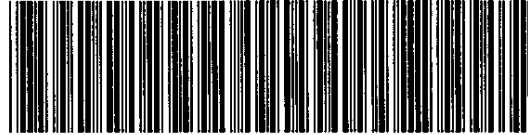
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2016
J. HARRIS

Law Offices of Bonnie A. Brown

514 South Colorado Avenue
Stuart, Florida 34994

Telephone: (772) 221-9024

Fax: (772) 221-9086

July 26, 2016

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

Re: Florida Insurance Advisory Group, LLC
Document No. L10000100047

Dear Sir or Madam:

I have enclosed a Statement of Authority and our firm's check in the amount of \$55.00. Please provide me with a certified copy of the Statement of Authority at your earliest convenience in the enclosed self-addressed envelope.

Respectfully,



Ellen Spader
Legal Assistant
assistant@bonnieabrownpa.com
File No. 16255

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA INSURANCE ADVISORY 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:

BONNIE A. BROWN
Name of Person

LAW OFFICES OF BONNIE A. BROWN
Firm/Company

514 COLORADO AVENUE
Address

STUART, FL 34994
City/State and Zip Code

MBUZA@PBIAG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BONNIE A. BROWN at 772 221-9024
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:

FLORIDA INSURANCE ADVISORY GROUP, LLC

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

L10000100047

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

947 30TH PLACE

VERO BEACH, FL 32960

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

SAME

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:

MICHAEL R. BUZA &
MELISSA A. BUZA

b. No authority granted to:

N/A

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

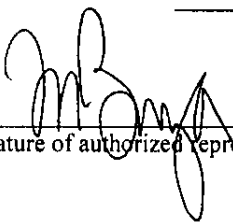
a. Granted to:

MICHAEL R. BUZA &
MELISSA A. BUZA

b. No authority granted to:

N/A

Signature of authorized representative



Typed or printed name of signature

MICHAEL R. BUZA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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