

L10000 130777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 02 2016

**TURNER & LYNN, P. A.**  
ATTORNEYS AT LAW

Vernon W. Turner (1917-2000)  
Sandra T. Lynn  
John Michael Lynn

7 Barracuda Lane  
Key Largo, FL 33037  
Telephone: (305) 367-0911  
Fax: (305) 367-0915

6 Palm Plaza  
Homestead, FL 33030  
Telephone: (305) 367-0911  
Fax: (305) 367-0915

Please reply to:  
Key Largo office XXX  
Homestead office     

July 27, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: New Venture Partners, LLC**  
**Statement of Authority**

Dear Sir/Madam:

Enclosed for filing is the following document, as well as a check in the amount of **\$25.00** in payment of the listed fee:

Statement of Authority (Filing Fee)                      \$25.00

Should you have any questions, feel free to contact our office.

Very Truly Yours,

TURNER & LYNN, P. A.

BY:

  
\_\_\_\_\_  
JOHN MICHAEL LYNN, ESQ.

JML/mp  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Venture Partners, 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:

**JOHN MICHAEL LYNN, ESQ.**

Name of Person

**TURNER & LYNN, P.A.**

Firm/Company

**7 BARRACUDA LANE**

Address

**KEY LARGO, FL 33037**

City/State and Zip Code

**JMLYNN@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**JOHN MICHAEL LYNN**

Name of Person

**305**

Area Code

**367-0911**

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: NEW VENTURE PARTNERS, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000130777

**THIRD:** The street address of the limited liability company's principal office is:  
1300 NW 84th Avenue  
Doral, FL 33126

The mailing address of the limited liability company's principal office is:  
1300 NW 84th Avenue  
Doral, FL 33126

**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.

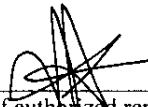
a. Granted to: OBDULIA S. LEMUS, Manager

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: OBDULIA S. LEMUS, Manager

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

OBDULIA S. LEMUS  
Typed or printed name of signature

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)