

L11000032446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CLOUD NINE PROPERTIES 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:

Laura Sivalia

Name of Person

Cloud Nine Properties LLC

Firm/Company

1205 W Midway Rd

Address

Fort Pierce, FL 34982

City/State and Zip Code

LSivalia@comcast.net

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

For further information concerning this matter, please call:

Laura R Sivalia

Name of Person

772
at ()

Area Code

467-9990

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: Cloud Nine Properties LLC

SECOND: The Florida Document Number of the limited liability company is: L11000032446

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

1205 W Midway Rd

Fort Pierce, FL 34982

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

1205 W Midway Rd

Fort Pierce, FL 34982

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: solely to Laura R Sivalia

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: solely to Laura R Sivalia

b. No authority granted to: N/A

Laura R Sivalia
Signature of authorized representative

Laura R Sivalia
Typed or printed name of signature

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