

Li 0000 68913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

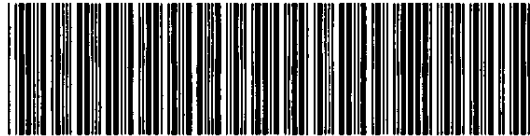
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/16--01008--007 **30.00

06/02/16--01009--008 **25.00

16 JUN -2 AM 8:12
ST. CLAY COUNTY, MO
JULI A. HASSLER, CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Augustine 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:

pam clifton

Name of Person

Smith, Stout, Bigman & Brock, P.A.

Firm/Company

P. O. Box 15200

Address

Daytona Beach, FL 32115

City/State and Zip Code

jbrock@daytonalaw.com

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

For further information concerning this matter, please call:

pam clifton

at (

386

254-6875

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

CR2E138 (2/14)

PLEASE RETURN CERTIFIED
COPY TO THE INDIVIDUAL NOTED ABOVE

Thankyou —

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: St. Augustine Ventures, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000068913

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

880 Airport Road #105

Ormond Beach, FL 32174

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

880 Airport Road #105

Ormond Beach, FL 32174

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: Josif Atanasoski, 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: Josif Atanasoski, Manager

b. No authority granted to: _____


Signature of authorized representative

Josif Atanasoski
Typed or printed name of signature

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