

L11000138250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

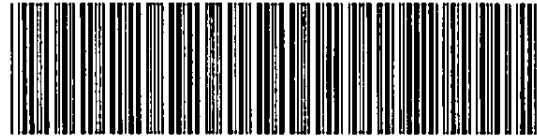
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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9/15/17

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17 SEP 13 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orange Groove, 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:

Joseph E. Seagle

Name of Person

Joseph E. Seagle, P.A.

Firm/Company

924 West Colonial Drive

Address

Orlando, FL 32804

City/State and Zip Code

joe@seaglelaw.com

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

For further information concerning this matter, please call:

Joseph E. Seagle

at (

407

770-0100

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*

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: Orange Groove, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000138250

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

5009 79 th Avenue Plz. E.

Sarasota FL 34243

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

5009 79 th Avenue Plz. E.

Sarasota FL 34243

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.

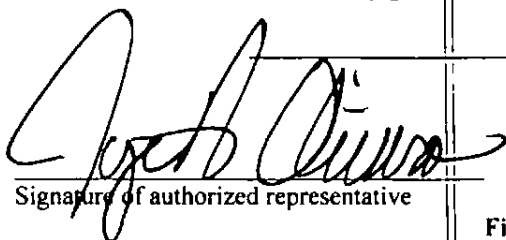
a. Granted to: Anthony Alexander or Jorge A. Oliveira, acting jointly or severally

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: Anthony Alexander or Jorge A. Oliveira, acting jointly or severally

b. No authority granted to: N/A

  
Signature of authorized representative

Jorge A. Oliveira

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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