

L12000001536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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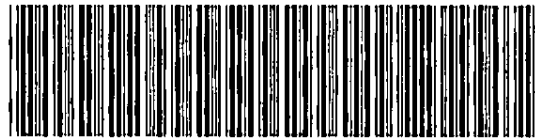
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Partners Property 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:

Michael Ampujs
Name of Person

Partners Property Group, LLC
Firm/Company

65 Citrus Ave
Address

Oviedo, FL 32765
City/State and Zip Code

mikeampujs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ampujs at (407) 413-1473
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Partners Property Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L120000001536

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

615 Citrus Ave
Oviedo, FL 32705

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

615 Citrus Ave
Oviedo, FL 32705

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 Ampujs

b. No authority granted to: Penni Ampujs, Jack
Ampujs, Joyce Ampujs

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

a. Granted to: Michael Ampujs,
Penni Ampujs

b. No authority granted to: Jack Ampujs
Joyce Ampujs

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Signature of authorized representative

Michael Ampujs

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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