

L12 000 109609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

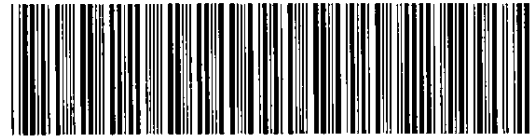
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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TALLAHASSEE, FLORIDA

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2017 JUL -7 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 12 2017
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEWISTON RV RESORT 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:

Romuald Mercier

Name of Person

Firm/Company

420 Holiday Blvd.

Address

Clewiston, FL 33440

City/State and Zip Code

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

For further information concerning this matter, please call:

Romuald Mercier

Name of Person

954

Area Code

793-3954

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: CLEWISTON RV RESORT LLC

SECOND: The Florida Document Number of the limited liability company is: L12000109609

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

420 Holiday Blvd.

Clewiston, FL 33440

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

420 Holiday Blvd.

Clewiston, FL 33440

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.

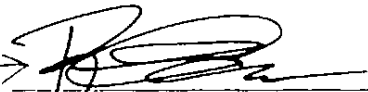
a. Granted to: Romuald Mercier, Manager

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: Romuald Mercier, Manager

b. No authority granted to: _____

Rom
signs
here → 
Signature of authorized representative

Romuald Mercier

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)