

L12000112293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

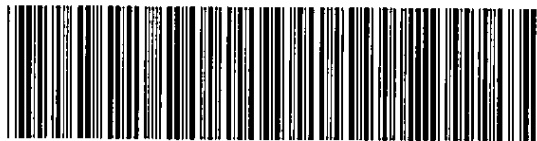
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D PRUCE
AUG 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIFLORIDA IV, L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. Todd Cottrell, Esq.

Name of Person

Heekin Law, P.A.

Firm/Company

4540 Southside Blvd., Suite 202

Address

Jacksonville, FL 32216

City/State and Zip Code

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

For further information concerning this matter, please call:

G. Todd Cottrell

Name of Person

904

Area Code

998-9733

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

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FLORIDA

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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: UNIFLORIDA IV, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L12000112293

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

295 Sely Drive

St. Augustine, Fl. 32084

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

295 Sely Drive

St. Augustine, Fl. 32084

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:

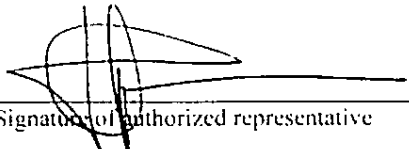
a. Granted to: Michael Sabga

b. No authority granted to: Guillermo Troconis

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

a. Granted to: Michael Sabga

b. No authority granted to: Guillermo Troconis



Signature of authorized representative

Juan Carlos Rodriguez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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