

L12000112293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 APR 13 11:22 AM

2023 APR 13 AM 7:30
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6/19/2023

COVER LETTER

TO: Registration Section
Division of Corporations

Uniflorida IV, 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:

Juan Carlos Rodriguez

Name of Person

Uniflorida IV, LLC

Firm/Company

295 Selay Drive

Address

St. Augustine, FL 32084

City/State and Zip Code

office@villagesofseloy.com

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

For further information concerning this matter, please call:

Candice Bent

904

342-2545

at

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: Uniflorida IV, LLC

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FILED
TALLAHASSEE, FL

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 Selay Drive

St. Augustine, FL 32084

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

295 Selay 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.

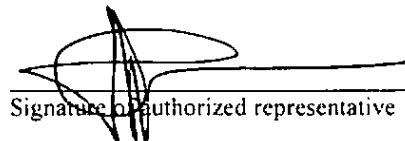
a. Granted to: Candice Bent

b. No authority granted to: Michael Sabga

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

a. Granted to: Candice Bent

b. No authority granted to: Michael Sabga


Signature of authorized representative

Juan Carlos Rodriguez

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)