

L12000112581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 MAY -5 P 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 06 2016

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May 3, 2016

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

Re: MAS of Lake County, LLC
Document Number L12000112581

To Whom It May Concern:

Enclosed please find this firm's check in the amount of \$55.00 (\$25.00 filing fee, \$30.00 certified copy fee) for filing of the enclosed Statement of Authority. Please return the certified copy to our office in the self-addressed stamped envelope.

Thank you for your assistance. Should you have any questions or require additional information, please contact our office at the number listed below.

Sincerely,

Donna Divine
Assistant to Anita Geraci-Carver

/dd

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAS OF LAKE COUNTY, 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:

Anita Geraci-Carver

Name of Person

Law Office of Anita Geraci-Carver, P.A.

Firm/Company

1560 Bloxam Avenue

Address

Clermont, FL 34711

City/State and Zip Code

donna@agclaw.net

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

For further information concerning this matter, please call:

Donna Divine

Name of Person

352

Area Code

243-2801

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: MAS of Lake County, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000112581

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

6036 Lake Emma Road

Groveland, FL 34736

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

same as above

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.

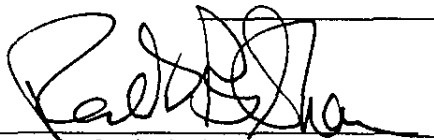
a. Granted to: Ronald G. Shaver

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: Ronald G. Shaver

b. No authority granted to: _____



Signature of authorized representative

Ronald G. Shaver

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
2010 MAY -5 P 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA