

LI3000 000829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 08 2014

D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

**THE** Winey Wench, LLC  
SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
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:

Marion S. Stapf

\_\_\_\_\_  
Name of Person

**THE** Winey Wench, LLC

\_\_\_\_\_  
Firm/Company

5287 Shoreline Cir.

\_\_\_\_\_  
Address

Sanford, FL 32771

\_\_\_\_\_  
City/State and Zip Code

JStapf@aol.com

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

For further information concerning this matter, please call:

Marion Stapf

at ( 386 ) 717-7815

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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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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: THE Winey Wench, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000000829

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

451 E. Altamonte Dr.

#1487

Altamonte Springs, FL 32701

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

5278 Shoreline Cir.

Sanford, FL 32771

**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.

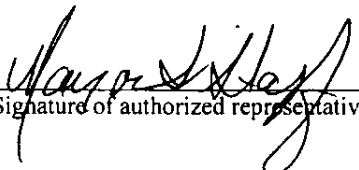
a. Granted to: Marion S. Stapf; or Fred Stapf

b. No authority granted to: any other party

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

a. Granted to: Marion S. Stapf; or, Fred Stapf

b. No authority granted to: any other party

  
Signature of authorized representative

Marion S. Stapf  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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