

L13000014699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION DIVISION
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MAR 06 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SO FAR SO GOOD, LLC

Name of Limited Liability Company

Dear Sir or Madam:

Document No. L13000014699

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

Please return all correspondence concerning this matter to the following:

David S. Willig

Name of Person

David S. Willig, Chartered

Firm/Company

2837 SW 3rd AVE

Address

Miami, FL 33129

City/State and Zip Code

dswillig@aol.com

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

For further information concerning this matter, please call:

David S. Willig

at (305) 860-1881

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

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: SO FAR SO GOOD, LLC

SECOND: The Florida Document Number of the limited liability company is: ~~46-1899012~~ L13000014699

THIRD: The street address of the limited liability company's principal office is:
10796 PINES BLVD, SUITE 204, PEMBROKE PINES, FL 33026

The mailing address of the limited liability company's principal office is:
10796 PINES BLVD, SUITE 204, PEMBROKE PINES, FL 33026

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.

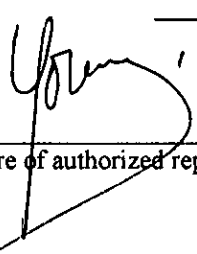
a. Granted to: David S. Willig, Attorney at Law

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: David S. Willig, Attorney at Law
related to transfer of real property

b. No authority granted to: _____



Signature of authorized representative

CLAUDE PONTICELLI

Typed or printed name of signature

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

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