

43000018350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

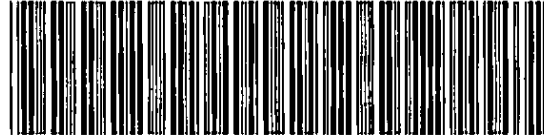
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUL 24 PM 3:40

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K. SALY

JUL 28 2017



2719 1st Avenue North  
St. Petersburg, FL 33713  
p. 727.614.0550  
f. 727.674.1290  
www.GaunceLaw.com

July 20, 2017

**Registration Section**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Loving Life Therapy, LLC – Statement of Authority

Dear Sir or Madam:

Please find enclosed for filing a Statement of Authority for Loving Life Therapy, LLC, Document Number L13000018350. This Statement of Authority recognizes the scope and limitations placed on the manager and members of the company. Specifically, the Statement of Authority memorializes the authority of Yvonka De Ridder, in her capacity as the company's manager, to execute documents, enter into transactions on behalf of the company, and otherwise bind the company, subject always to the requirements contained in the company's Operating Agreement. Likewise, the Statement of the Authority memorializes that Farida Stino, in her capacity as a Member of the company, has no authority to execute documents, enter into transactions, or bind the company.

Sincerely,

Andrew S. Gaunce  
Counsel for Yvonka De Ridder  
Gaunce Law  
727-614-0550  
Andy@GaunceLaw.com

cc: Paris Lee Davis, esq.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Loving Life Therapy, 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:

Andy Gaunce

Name of Person

Gaunce Law

Firm/Company

2719 1st Ave N

Address

St Petersburg, FL 33713

City/State and Zip Code

yvonka@lovinglifetherapy.com

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

For further information concerning this matter, please call:

Andy Gaunce

727

614-0506

at ( )

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: Loving Life Therapy, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000018350

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

300 E Madison St

Suite 201

Tampa, FL 33602

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

300 E Madison St

Suite 201

Tampa, FL 33602

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: Yvonka De Ridder, Manager

b. No authority granted to: Farida Stino, Member

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

a. Granted to: Yvonka De Ridder, Manager

b. No authority granted to: Farida Stino, Member

Yvonka De Ridder  
Signature of authorized representative

Yvonka De Ridder, Manager  
Typed or printed name of signature

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

FILED  
2017 JUL 24 PM 3:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA