

L13000023459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600268546086

01/26/15--01022--010 \*\*25.00

FILED

2015 JAN 26 P 12:17

FILED

B. BOSTICK

FEB - 4 2015

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Viera Studio for The Performing Arts, 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:

Monica T. Lisciandro

Name of Person

The Viera Studio for the Performing Arts, LLC

Firm/Company

3270 Suntree Blvd. 1113

Address

Melbourne, FL 32940

City/State and Zip Code

thevierastudio@gmail.com

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

For further information concerning this matter, please call:

Monica Toro Lisciandro

Name of Person

321

Area Code

426-8229

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

FILED

2015 JUN 26 P 12:17

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 Viera Studio for the Performing Arts, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000023459

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

3270 Suntree Blvd.

1113

Melbourne, FL 32940

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

654 Doral Lane

Melbourne, FL 32940

**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.

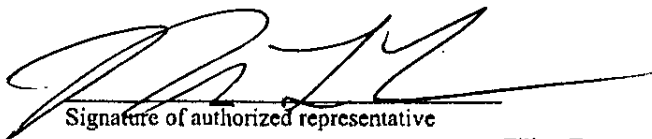
a. Granted to: Monica T. Lisciandro

b. No authority granted to: Jonathan McFadden

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

a. Granted to: Monica T. Lisciandro

b. No authority granted to: Jonathan McFadden

  
Signature of authorized representative

Monica T. Lisciandro

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)