

L13000028561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

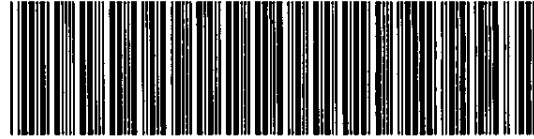
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/17--01013--030 **25.00

FILED
2017 JAN 27 PM 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 30 2017

JMW | LAW OFFICES
JAMES M. WEAVER, PA

January 25, 2017

Registration Section
Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

Re: Coppola Properties, LLC

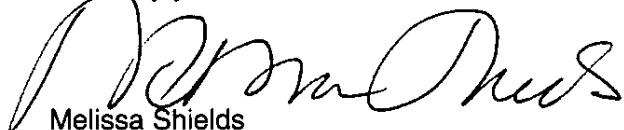
Dear Sir or Madam:

Enclosed please find the Statement of Authority for filing for Coppola Properties, LLC.

Also enclosed please find our general check # 2886 in the amount of **\$25.00**.

If you should have any questions or need anything further, please do not hesitate to call.

Sincerely yours,



Melissa Shields
Florida Registered Paralegal

/s/ms

Enclosures

cc via email: Carl M. Coppola, III, Member Manager, Coppola Properties, LLC
Carol Brown, Real Estate Title Services

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COPPOLA PROPERTIES, 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:

CARL M. COPPOLA, III

Name of Person

COPPOLA PROPERTIES, LLC

Firm/Company

7536 BLACK ROAD

Address

LAKE WALES, FL 33898

City/State and Zip Code

cmc79mac@verizon.net

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

For further information concerning this matter, please call:

CARL M. COPPOLA, III

Name of Person

203

at ()

Area Code

414.3886

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: COPPOLA PROPERTIES, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000028561

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

7536 BLACK ROAD

LAKE WALES, FL 33898

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

7536 BLACK ROAD

LAKE WALES, FL 33898

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2011 JAN 27 PM 06:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

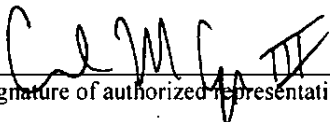
a. Granted to: EITHER CARL M. COPPOLA III, MEMBER MGR
OR MARY ANN COPPOLA, MEMBER MGR

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: EITHER CARL M. COPPOLA III, MEMBER MGR
OR MARY ANN COPPOLA, MEMBER MGR

b. No authority granted to: _____


Signature of authorized representative

CARL M. COPPOLA, III
Typed or printed name of signature

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