

L13000049494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

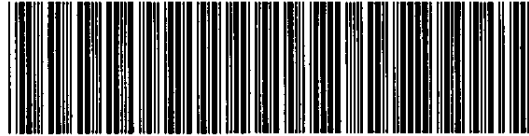
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 23 2015

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOUNTAINS OF FELLSMERE, 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:

Gael Beriro

Name of Person

Gael Beriro, P.A.

Firm/Company

205 Worth Avenue, Suite 307 i

Address

Palm Beach, FL 33480

City/State and Zip Code

Gael@BeriroLaw.com

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

For further information concerning this matter, please call:

Gael Beriro

Name of Person

at (

561

Area Code

835-4611

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: FOUNTAINS OF FELLSMERE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L13000049454

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

930 W. INDIANTOWN ROAD

SUITE 205

JUPITER, FL 33458

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

SAME AS ABOVE

**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: CLIFFORD R. MORRIS, MANAGER  
jointly with OSWALD T. SOUSA, MANAGER

b. No authority granted to: \_\_\_\_\_

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

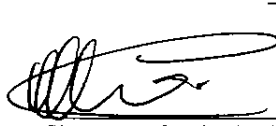
a. Granted to: CLIFFORD R. MORRIS, MANAGER  
jointly with OSWALD T. SOUSA, MANAGER

b. No authority granted to: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature of authorized representative  
CR MORRIS

CLIFFORD R. MORRIS OSWALD T. SOUSA  
Typed or printed name of signature

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