

LIB000122402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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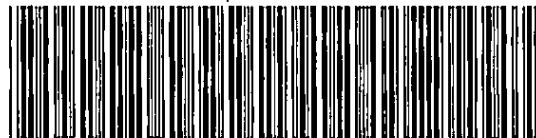
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 10 AM 11:47

K. SALY  
JAN 11 2018



January 8, 2018

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: OMBS, L.L.C.  
Document Number 46-548649

To Whom It May Concern:

Enclosed with my letter, please find this firm's check in the amount of \$55.00 (\$25.00 filing fee, \$30.00 certified copy fee) for filing of the enclosed Statement of Authority. Please return the certified copy to my attention at the address listed below.

Thank you for your assistance. Should you have any questions or require additional information, please do not hesitate to contact me at the number listed below.

Sincerely,

Anita Geraci-Carver

AGC/dd

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OMBS, L.L.C.

\_\_\_\_\_  
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:

Anita Geraci-Carver

\_\_\_\_\_  
Name of Person

Law Office of Anita Geraci-Carver, P.A.

\_\_\_\_\_  
Firm/Company

1560 Bloxam Avenue

\_\_\_\_\_  
Address

Clermont, FL 34711

\_\_\_\_\_  
City/State and Zip Code

donna@agclaw.net

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

For further information concerning this matter, please call:

Donna Divine

at (

352

243-2801

\_\_\_\_\_  
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: OMBS, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: 46-3548649

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

1455 W. Lakeshore Drive

Clermont, FL 34711

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

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
18 JAN 10 AM 11:47

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: Jayson Stringfellow

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: Jayson Stringfellow

b. No authority granted to:

Signature of authorized representative

Jayson Stringfellow

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)