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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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11/1/18

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

*1560 Bloxam Avenue
Clermont, Florida 34711
352.243.2801
Facsimile 352.243.2768
anita@agclaw.net*

December 12, 2018

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

Re: PROPERTIES4ALL, LLC
Document Number 80-0967584

TRANSMITTAL COVER SHEET

In an effort to avoid additional legal expenses, enclosed please find the following documents without a narrative letter from this office:

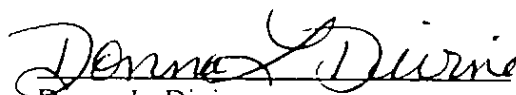
- _____ For your information only, do not need to call office.
- _____ For your information only, please call after reviewing.
- X **For filing and certified copy and return to this office.**

The following documents are enclosed:

- Firm's check in the amount of \$55.00 for certified copy and filing fee; and
- Enclosed Statement of Authority.

Please return the certified copy in the self-addressed stamped envelope.

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


Donna L. Divine
Assistant to Anita Geraci-Carver, Esq.

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROPERTIES4ALL, 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:

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

Name of Person

at (352) 243-2801

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

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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: PROPERTIES4ALL, LLC

SECOND: The Florida Document Number of the limited liability company is: 80-0967584

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

176 Vista Oak Dr.

Longwood, FL 32779

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.

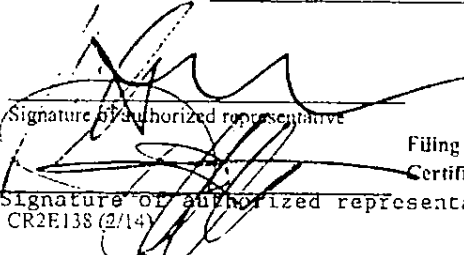
a. Granted to: Rudolf H. Worm and Michaela Worm-Herzner

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: Rudolf H. Worm and Michaela Worm-Herzner

b. No authority granted to: _____


Signature of authorized representative

Rudolf H. Worm

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional) Michaela Worm-Herzner

Signature of authorized representative

Typed or printed name of signature

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