

L130000175234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

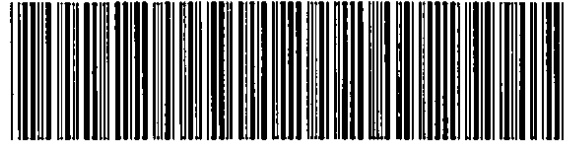
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2018 AUG 24 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISTAOAK ESTATES, 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

352

243-2801

at ()

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

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STATEMENT OF AUTHORITY

2018 AUG 24 PM 3: 54

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

SECRETARY OF STATE
TALLAHASSEE, FL

FIRST: The name of the limited liability company is: VISTAOAK ESTATES, LLC

SECOND: The Florida Document Number of the limited liability company is: 30-0805766

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.

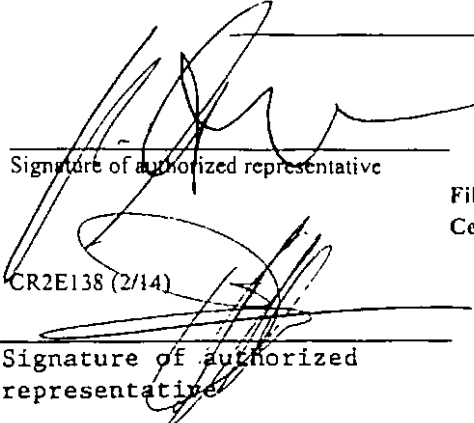
a. Granted to: Rudolf H. Worm and Michaela Herzner Worm

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 Herzner Worm

b. No authority granted to: _____


Signature of authorized representative

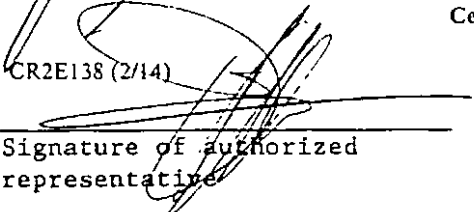
Rudolf H. Worm

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)


Signature of authorized representative

Michaela Worm-Herzner

Typed or printed of signature