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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vela Sauce, 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:	
Lynn B. Aust	
Name of Person	
Lynn B. Aust, PL	
Firm/Company	
1220 E. Livingston St.	
Address	
Orlando, FL 32803	
City/State and Zip Code	
doveattorney@austlaw.biz	
E-mail address: (to be used for future annual report notification)	}*****
For further information concerning this matter, please call:	
Lynn Aust 407 447-5399 👺 🖫	19 A 18 A
Name of Person Area Code Daytime Telephone Number 5	

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

We, David Vela and Vilma Vela, Authorized Members for Vela Sauce, LLC (hereinafter "Company"), with the principal and mailing address of 2409 Treymore Drive, Orlando, FL 32825, state the authority granted for the following persons and positions:

- 1. David Vela, Authorized Member of the Company, has the authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.
- 2. Vilma Vela, Authorized Member of the Company, has the authority to:
 - a. Execute an instrument transferring real property held in the name of the Company; and
 - b. Enter into other transactions on behalf of, or otherwise act for or bind, the Company.

This Statement of Authority is effective as of 13 day of January 2014.

David Vela, Authorized Member

Vilma Vela, Authorized Member

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