

L14000017481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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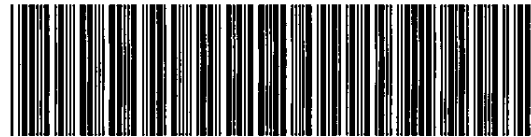
(Business Entity Name)

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B. BOSTICK

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EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kiefer One Property, 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

Name of Person

at (

407

Area Code

447-5399

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

I, Michael Kiefer, sole Authorized Member for Kiefer One Property, LLC (hereinafter "Company"), with the principal and mailing address of 117 Spring Valley Loop, Altamonte Springs, FL 32714, state the authority granted for the following person(s) and position(s):

L14000017481

1. Michael Kiefer, sole Authorized Member of the Company, has the sole and absolute 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 31 day of January 2014.



Michael Kiefer, Authorized Member

117  
SPRING VALLEY LOOP  
ALTAMONTE SPRINGS  
FL 32714