

L4000040100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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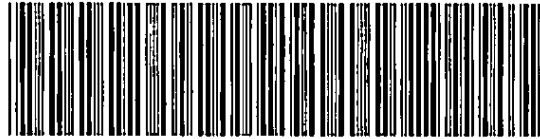
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SAIY

NOV 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENUS MINI MED SPA, LLC, A Florida Limited Liability Company
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

SALVATORE JOSEPH RIZZO

Name of Manager

VENUS MINI MED SPA, LLC, A Florida Limited Liability Company

Name of Company

6900 Daniels Parkway, Ste. 29-199

Address of Company

FT Myers, FL 33912

City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Cindy Ehlke at 941-627-1000

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

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

FILED
18 NOV 19 AM 5:07
SEALY & BARNETT, P.A.
TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 14 day of November, 2018, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **VENUS MINI MED SPA, LLC, A Florida Limited Liability Company**

SECOND: The Florida Document Number of the limited liability company is: **L14000040100**

THIRD: The street address of the limited liability company's principal office is: **6900 Daniels Parkway, Ste. 29-199, FT Myers, FL 33912**

The mailing address of the limited liability company's principal office is: **6900 Daniels Parkway, Ste. 29-199, FT Myers, FL 33912**

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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **SALVATORE JOSEPH RIZZO**, as Manager.
- b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: **SALVATORE JOSEPH RIZZO**, as Manager.
- b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

Signature of authorized representative

SALVATORE JOSEPH RIZZO, as Manager

Printed name and position title

STATE OF Florida

COUNTY OF Charlotte

The foregoing instrument was acknowledged before me this 14 day of November, 2018, by SALVATORE JOSEPH RIZZO, as Manager of VENUS MINI MED SPA, LLC, A Florida Limited Liability Company who is personally known to me or who has produced Dr license as identification and who did take an oath.

Notary Public, State of
My Commission Expires:

✓(Seal)



FILED
18 NOV 19 AM 5:07
STATE
TALLAHASSEE, FLORIDA