

L140000 59281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUN 26 PM 1:58

FILED

JUN 29 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Patroni Enterprises, 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:

Clyde J. Patroni, Sr.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5 Sabine Drive

\_\_\_\_\_  
Address

Pensacola Beach, FL 32561

\_\_\_\_\_  
City/State and Zip Code

Clyde@dolphsys.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clyde J. Patroni, Sr.

at ( 850 ) 572-2153

\_\_\_\_\_  
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

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: Patroni Enterprises, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000059281

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

5 Sabine Drive

Pensacola Beach, FL 32561

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

5 Sabine Drive

Pensacola Beach, FL 32561

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.

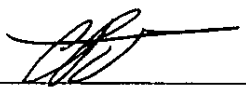
a. Granted to: Clyde J. Patroni, Sr.

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: Clyde J. Patroni, Sr.

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Clyde J. Patroni, Sr.  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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