

4/15/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**H190001238683**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H190001238683)))



H190001238683ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CLARK, PARTINGTON, HART, LARRY, BOND, STACKHOUSE  
Account Number : 871201002016  
Phone : (850)434-9200  
Fax Number : (850)208-7100

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PATRONI ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPROVED  
AND  
FILED

2019 APR 15 AM 9:25

2019 APR 15 PM 3:18

T.C.  
04/16/19

H19000123868 3

## 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:

85 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 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: N/A.

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: N/A.

  
Signature of authorized representative

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

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

H19000123868 3

APPROVED  
AND  
FILED.

2019 APR 15 AM 9:25