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15 MAY 11 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Davis Basta Law Firm, P.A.

31111 U.S. Highway 19 North
Palm Harbor, FL 34684
www.davisbastalaw.com



† Diana Davis Basta, Attorney at Law
Beejal P. Thakore, Attorney at Law
‡ Danielle L. VanderGeeten, Attorney at Law

(727) 938-2255 Phone
(727) 938-2895 Facsimile

e-service@davisbastalaw.com

† Board Certified Real Estate Attorney
‡ LL.M. in Real Property Development

May 7, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: St. George and St. Kara's Enterprises LLC

Dear Sir or Madam:

Enclosed for filing is the Statement of Authority for St. George and St. Kara's Enterprises LLC, along with a check in the amount of \$25.00 for the filing fee.

Feel free to contact us should you have any questions or need additional information.
Thank you.

Sincerely,

Wanda Ramos
Administrative Assistant

Enclosures
WR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST. GEORGE AND ST. KARA'S 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:

ATALLA AWAD

Name of Person

ST. GEORGE AND ST. KARA'S ENTERPRISES LLC

Firm/Company

5545 ULMERTON RD

Address

CLEARWATER, FLORIDA 33760

City/State and Zip Code

E-service@davisbastalaw.com

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

For further information concerning this matter, please call:

ATALLA AWAD

Name of Person

at (727)

Area Code

992-0663

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: ST. GEORGE AND ST. KARA'S
ENTERPRISES LLC

SECOND: The Florida Document Number of the limited liability company is: L14000086639

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

5545 ULMERTON RD
CLEARWATER, FLORIDA 33760

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

5545 ULMERTON RD
CLEARWATER, FLORIDA 33760

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.

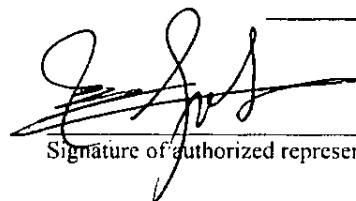
a. Granted to: _____

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: ATALLA AWAD, AS MANAGER, REQUIRES
A 50% VOTE OF MEMBERS FOR ANY ACTION.

b. No authority granted to: _____



Signature of authorized representative

Atalla Awad

Typed or printed name of signature

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

15 MAY 11 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA