

L14000104104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

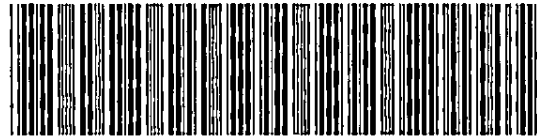
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 NOV 20 PM 3 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
NOV 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLA FARMS, 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:

Anita Geraci-Carver

Name of Person

Law Office of Anita Geraci-Carver, P.A.

Firm/Company

1560 Bloxam Avenue

Address

Clermont, FL 34711

City/State and Zip Code

donna@agclaw.net

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

For further information concerning this matter, please call:

Donna Divine

Name of Person

at (352)

Area Code

243-2801

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: ISLA FARMS, LLC

SECOND: The Florida Document Number of the limited liability company is: 214000104104
~~47-1226134~~

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

CR 716

Mascotte, FL 4753

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

2869 Eastham Lane

Kissimmee, FL 34741

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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.

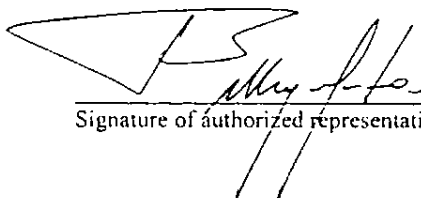
a. Granted to: Benjamin R. Villegas Santos

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: Benjamin R. Villegas Santos

b. No authority granted to: _____


Signature of authorized representative

Benjamin R. Villegas Santos

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)