

L14 000141623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

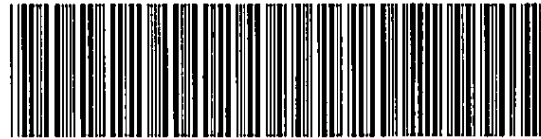
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BENJAMIN OAKS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfred Lojo

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

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

901 N Reus St.

\_\_\_\_\_  
Address

Pensacola, FL 32501

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

alfred@rent850.com

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

For further information concerning this matter, please call:

Alfred Lojo

850

341-5031

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

at (

\_\_\_\_\_  
Area Code

)

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### 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: BENJAMIN OAKS LLC

SECOND: The Florida Document Number of the limited liability company is: L14000141623

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

563A SOUTH 61ST AVE  
PENSACOLA, FL 32506

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

P.O. BOX 36331  
PENSACOLA, FL 32516

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: Alfred Lojo

b. No authority granted to: Wilfredo Lojo

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Alfred Lojo

b. No authority granted to: Wilfredo Lojo

  
Signature of authorized representative

Alfred Lojo  
Typed or printed name of signature

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