

L15000010621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

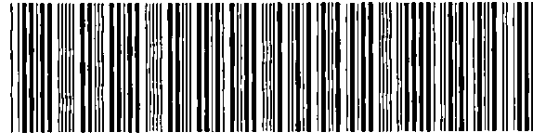
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SCOTT

JUN 22 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: DR. SERAPHIN MANFREDONIA, 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:

Pamela Van Woerkom  
Name of Person

Sage Title & Escrow Services  
Firm/Company

4241 Northlake Blvd., Suite A  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

closings@sagecompanies.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherie Martinez at ( 561 ) 721-9686  
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

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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: Dr. Seraphin Manfredonia, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000010621

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

230 Celestial Way

Juno Beach, FL 33408

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

230 Celestial Way

Juno Beach, FL 33408

**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: Seraphin J. Manfredonia, Manager  
David Larue, Member

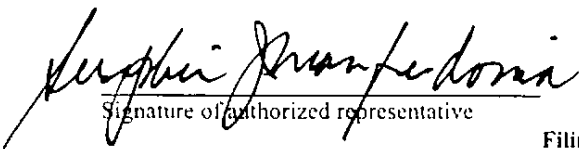
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Seraphin J. Manfredonia, Manager  
David Larue, Member

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

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17 JUN 20 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative

Seraphin J. Manfredonia  
Typed or printed name of signature

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