

LS00002FNL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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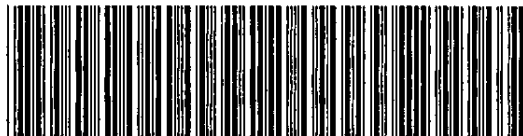
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Saporito OVS. 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:

**KEITH S. DUNN**

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

**SAPORITO OVS, LLC**

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

**4211 NW 170th Street**

\_\_\_\_\_  
Address

**Newberry, FL 32669**

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

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

For further information concerning this matter, please call:

**KEITH S. DUNN**

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

at ( 352 )

Area Code

472-2444  
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: SAPORITO OVS, LLC

SECOND: The Florida Document Number of the limited liability company is: 415000028176

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

4211 NW 170th Street

Newberry, FL 32669

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

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: KEITH S. DUNN

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: KEITH S. DUNN

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

  
Signature of authorized representative

FL Dept of State  
Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Keith S. Dunn  
Typed or printed name of signature

15 FEB 27 AM 11:55

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