

# LISOUU83118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

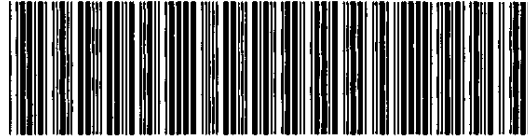
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FILED  
2015 MAY 26 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. Culligan MAY 28 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAP REALTY GROUP, 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:

ALEXANDRE POUILLE

Name of Person

SAP REALTY GROUP, LLC

Firm/Company

1931 COMMERCE LANE, SUITE 5

Address

JUPITER, FLORIDA 33458

City/State and Zip Code

ALEX.POUILLE@GMAIL.COM

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

For further information concerning this matter, please call:

ALEXANDRE POUILLE

Name of Person

at ( 561 )

Area Code

827-5225

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: SAP REALTY GROUP, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000083118

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

1931 Commerce Lane, Suite 5

Jupiter, FLORIDA 33458

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

1931 Commerce Lane, Suite 5

Jupiter, FLORIDA 33458

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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: SOPHIE POUILLE

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: SOPHIE POUILLE

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

  
Signature of authorized representative

ALEXANDRE POUILLE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)