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TO:	Registration Section Division of Corporations	•	•
	•		
SUBJE	Faustina Trump Real Estate, LLC CT:		

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:

Steven P. O'Neill

Name of Person

Faustina Trump Real Estate, LLC

• • • • •

Firm/Company

2665 N Atlantic Ave #406

Address

Daytona Beach, FL 32118

City/State and Zip Code

Steve@faustinatrumprealestate.com

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

For further information concerning this matter, please call:

 Steven P. O'Neill
 386
 341-6969

 Name of Person
 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

CR2E138 (2/14)

## 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: \_\_\_\_\_\_

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

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

510 Oakridge Blvd, Suite 100

Daytona Beach, FL 32118

. . .

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

2665 N Atlantic Ave #406

Daviona Beach, FL 32118

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.

Faustina Guzman-Trump and Steven P. O'Neill Granted to:\_\_\_\_ а. No authority granted to: \_\_\_\_\_ Ь. .... ġ σī

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company, Granted to : \_\_\_\_\_

a.

any other person. b. No authority granted to:

ul

Signature of authorized representative

Steven P. O'Neill

Typed or printed name of signature

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