

L15000140615

(Requestor's Name)

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(Address)

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(Document Number)

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DIVISION OF CORPORATIONS  
18 APR -9 PM 3:19

1. 10. 1972

**SUBJECT:** Sabal Age Group, LLC

Name of Limited Liability Company

**The enclosed Statement of Authority and fee(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

**Michael H., Merino, Esquire**

Name of Person

**Michael H. Merino, P.A.**

Firm/Company

6741 Orange Drive

**Address**

**Davie, FL 33314**

City/State and Zip Code

mmerino@merinolegal.com

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

**For further information concerning this matter, please call:**

**Michael H. Merino, Esq.**

954 321-7701  
at ( )

Name of Person

Area Code

Daytime Telephone Number

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: Sabal Age Group, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000140615

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

1408 NW 126th Ave.

Sunrise, FL 33323

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

~~16380 South Post Rd #201~~ 1408 NW 126<sup>th</sup> Ave

Weston, FL 33331 SUNRISE, FL 33323

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: Inticorp, LLC or Erick George Borboroglu

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: Inticorp, LLC or Erick George Borboroglu

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

SEE EXHIBIT "A"

Signature of authorized representative

Typed or printed name of signature

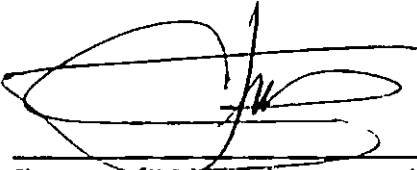
Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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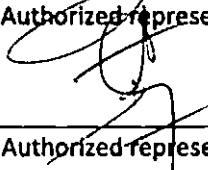
EXHIBIT "A"



Signature of Authorized representative



Signature of Authorized representative



Signature of Authorized representative

FERNANDO F. ROSIN

Fernando Grassi

ERICK BARBOZOGLO

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