

L15000152205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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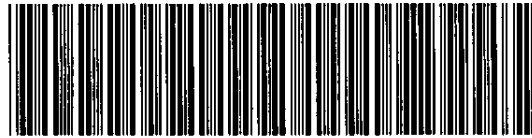
(Business Entity Name)

(Document Number)

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

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Statement of Authority

1. **SAL WINTER PARK, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAL Winter Park, 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:

Grant T. Downing, Esq.

Name of Person

Godbold, Downing & Bill, P.A.

Firm/Company

222 W. Comstock Avenue, Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

khoran@gdb-law.com

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

For further information concerning this matter, please call:

Kristy Horan

Name of Person

at ( 407 )

Area Code

647-4418

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: SAL Winter Park, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000152205

**THIRD:** The street address of the limited liability company's principal office is:  
1855 King Arthur Circle

Maitland, Florida 32751

The mailing address of the limited liability company's principal office is:  
1855 King Arthur Circle

Maitland, Florida 32751

**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: Elizabeth R. Lovaglio and Sandra B. Havron,  
each in their respective capacities as company Managers

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: Elizabeth R. Lovaglio and Sandra B Havron,  
each in their capacities as company Managers

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

\_\_\_\_\_  
Signature of authorized representative

\*See attached signature page

Typed or printed name of signature

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature Page  
To  
Statement of Authority

SAL WINTER PARK, LLC, a Florida limited liability  
company

By: Elizabeth R. Lovaglio  
Print Name: Elizabeth R. Lovaglio  
Its: Co-Manager

By: Sandra B. Havron  
Print Name: Sandra B. Havron  
Its: Co-Manager

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