

45000175800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700278224397

10/23/15--01006--021 **25.00

FILED
2015 OCT 23 A 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015
1. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anti-Fog Technology, 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:

Angelo Ragone

Name of Person

Anti-Fog Technology, LLC

Firm/Company

2744 Stickney Point Road

Address

Sarasota, FL 34231

City/State and Zip Code

angelo@antifogtechnology.com

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

For further information concerning this matter, please call:

Angelo Ragone

at (

941

356-8800

Name of Person

Area Code

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

CR2E138 (2/14)

2015 OCT 23 A 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Anti Fog Technology LLC

SECOND: The Florida Document Number of the limited liability company is: L15000175800

THIRD: The street address of the limited liability company's principal office is:
2744 Stickney Point Road
Sarasota FL 34231

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

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: Angelo Ragone
Sarah Lee

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: Angelo Ragone
Sarah Lee

b. No authority granted to: _____

Angelo Ragone
Signature of authorized representative

Angelo Ragone
Typed or printed name of signature

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

2015 OCT 23 A 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED