## L15000194960

| (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: |  |
|   |  |
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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FREDVILLE, LLC, A FLORIDA LIMITED LIABILITY COMPANY

Name of Limited Liability Company

Dear Sir or Madam:

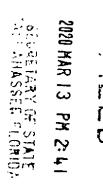
The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

| FEDERICO BURGER                         |              |
|---|--------------|
| Name of Manager                         |              |
| FREDVILLE, LLC, A FLORIDA LIMITED LIABI | LITY COMPANY |
| Name of Company                         |              |
| 5147 Delight Ave.                       |              |
| Address of Company                      |              |
| North Port, FL 34288                    |              |
| City/State and Zip Code                 |              |
|   |              |
| E-mail Address of Manager               |              |

For further information concerning this matter, please call:

Kelly Wise at

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 This instrument Prepared By and Return To: WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM John L. Wideikis, Esq. 3195 S. Access Road Englewood, FL 34224



## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited flability company submits the following statement of authority on this 24 day of \_\_\_\_\_\_\_, 2020, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: FREDVILLE, LLC, A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L15000194960

THIRD: The street address of the limited liability company's principal office is: 5147 Delight Ave., North Port, FL 34288

The mailing address of the limited liability company's principal office is: 5147 Delight Ave., North Port, FL 34288

**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 matters enumerated below:

- May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
  - a. Granted to: FEDERICO BURGER, AND MARIA ALEJANDRA GARCIA PELLEGRINI, as Managers, either of which may sign and unilaterally bind the Company.
  - b. No authority granted to:
- 2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
  - a. Granted to: FEDERICO BURGER, AND MARIA ALEJANDRA GARCIA PELLEGRINI, as Managers, either of which may sign and unilaterally bind the Company.
  - b. No authority granted to:

| The undersigned does hereby certify the accuracy   | ry of the statements set forth herein.   |
|--|--|
| Signature of authorized representative   | FEDERICO BURGER, as Manager Printed name and position title  |
| STATE OF FLORIDA COUNTY OF CHARLE  |  |
| The foregoing instrument was acknowledged bef notarization, this 24 day of FREDVILLE, LLC, A FLORIDA LIMITED LIABILI | ore me by means of physical presence or online 2020, by FEDERICO BURGER, MANAGER of TY COMPANY who is personally known to me or who ntification and who did take an only |
| Christopher M Stewart NOTARY PUBLIC STATE OF FLORIDA Comm# GG154700 Expires 10/25/2021                               | Notary Public, State of FCORIDA<br>My Commission Expires: (0)25/2021<br>(Seal)   |

SECRETARY OF STATE

FILED