

L15000208823

(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



500300828585

06/28/17--01016--014 \*\*37.00

FILED  
17 JUN 28 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2017

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Omer Equities, 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:

Ronald O. Sevigny

Name of Person

Omer Equities, LLC

Firm/Company

515 Kelly Roberts Road

Address

Zolfo Springs, FL 33890

City/State and Zip Code

ronald7e@gmail.com

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

For further information concerning this matter, please call:

Kimberly L. Sapp

at (

863

465-7278

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

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: Omer Equities, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000208823

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

515 Kelly Roberts Road

Zolfo Springs, FL 33890

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

515 Kelly Roberts Road

Zolfo Springs, FL 33890

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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: Ronald O. Sevigny

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: Ronald O. Sevigny

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

Signature of authorized representative

Ronald O. Sevigny

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Prepared By: Kimberly Sapp - Kimberly L. Sapp P.A. 12 S main Ave. Lake Placid, FL 33852

FILED  
JUN 20 AM 8:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA