

LI5000208823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

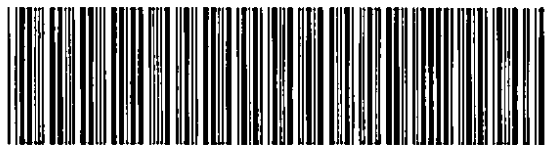
(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 NOV 19 AM 6:02

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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:

Kimberly Sapp

Name of Person

Kimberly L. Sapp, P.A.

Firm/Company

12 S Main Ave

Address

Lake Placid, FL 33852

City/State and Zip Code

kimsapp@sapplawpa.com

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

For further information concerning this matter, please call:

Kim Sapp

863 465-7278
at ()

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

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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.

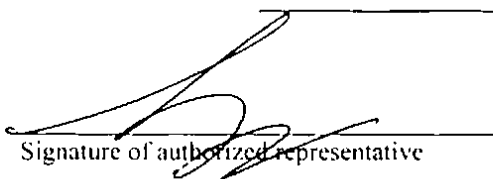
a. Granted to: Mark D Sevigny

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: _____

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)