

LIL 0000 32997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

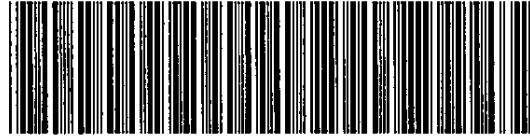
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 28 2016  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REGENERATIVE INSTITUTE, 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:

HEATHER SMITH-FERNANDEZ

Name of Person

Firm/Company

3358 WOODS EDGE CIRCLE, SUITE 103/104

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

BJTHANASIU@NAPLESLAW.COM

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

For further information concerning this matter, please call:

BRIAN J. THANASIU

Name of Person

at ( 239 )

Area Code

261-9300

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: REGENERATIVE INSTITUTE, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000032993

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

3358 WOODS EDGE CIRCLE

SUITE 103/104

BONITA SPRINGS, FL 34134

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

3358 WOODS EDGE CIRCLE

SUITE 103/104

BONITA SPRINGS, FL 34134

**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: HEATHER SMITH-FERNANDEZ, MANAGER

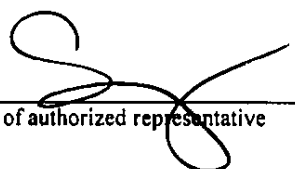
b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: HEATHER SMITH-FERNANDEZ, MANAGER

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

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16 MAR 25 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**HEATHER SMITH-FERNANDEZ**

\_\_\_\_\_  
Typed or printed name of signature

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