

L16000044248

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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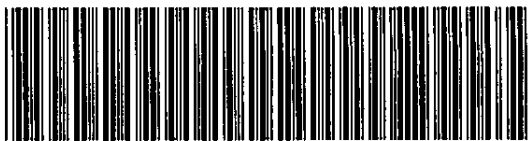
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March 18, 2016

Direct Dial: (941) 364-2436
Fax: (941) 364-2490
E-mail: kzampella@kirkpinkerton.com

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Velde Florida LLC
Statement of Authority

Dear Sir/Madam:

Enclosed you will find a Statement of Authority to be filed along with a \$25.00 filing fee check.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Kathy Zampella
Legal Assistant

/klz
Enclosures

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: VELDE FLORIDA LLC

SECOND: The Florida Document Number of the limited liability company is: L16000044248

THIRD: The street address of the limited liability company's principal office is:
5244 215TH AVENUE
HANLEY FALLS, MN 56245

The mailing address of the limited liability company's principal office is:
5244 215TH AVENUE
HANLEY FALLS, MN 56245

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: CYNTHIA VELDE

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: CYNTHIA VELDE

b. No authority granted to: _____

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Cynthia Velde
Signature of authorized representative

CYNTHIA VELDE
Typed or printed name of signature

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