

L16000055019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

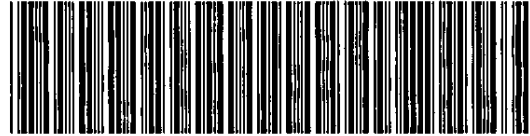
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900284695689

04/26/16--01020--008 **25.00

FILED
16 APR 26 PM 4:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 28 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASICO HOLDINGS 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:

CHRISTOPHER D. SMITH

Name of Person

SMITHLAW

Firm/Company

5391 LAKEWOOD RANCH BLVD N STE. 203

Address

SARASOTA FL 34240

City/State and Zip Code

SMITH@CHRISSMITH.COM

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

For further information concerning this matter, please call:

Katherine Aron

at (941) 202-2222

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: CLASICO HOLDINGS LLC

SECOND: The Florida Document Number of the limited liability company is: L16000055019

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

1343 MAIN STREET, STE. 204

SARASOTA FL 34236

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

1343 MAIN STREET, STE. 204

SARASOTA FL 34236

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: RAFAELE S. PERNA

KEN PASLAQUA

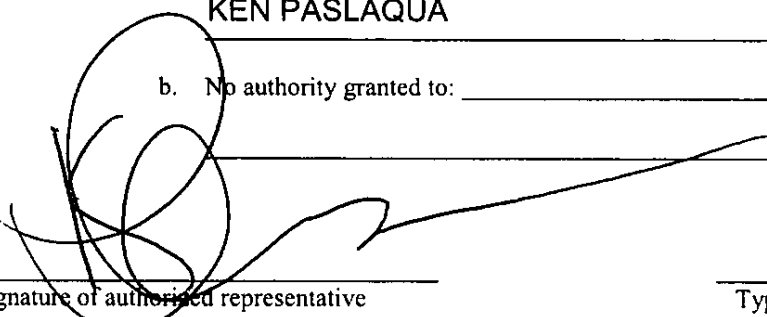
b. No authority granted to: _____

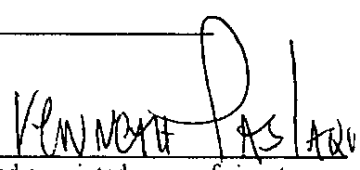
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: RAFAELE S. PERNA

KEN PASLAQUA

b. No authority granted to: _____


Signature of authorized representative


Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
16 APR 26 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA