

L16 000 120557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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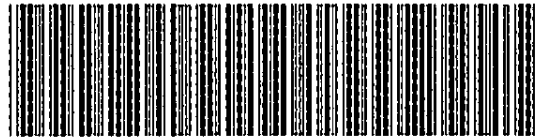
(Business Entity Name)

(Document Number)

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STATE

FEES

2021 JAN 11 AM 8:45

*Spoken at
authority*

Celebrating 25 Years
CHEFFY PASSIDOMO
ATTORNEYS AT LAW

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Board Certified Civil Trial Lawyer
Board Certified Business Litigation Lawyer
JOHN M. PASSIDOMO
Board Certified Real Estate Lawyer
LOUIS D. D'AGOSTINO
Board Certified Appellate Practice Lawyer
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KIMBERLY D. SWANSON
CHRISTOPHER R. HEFLIN

Of Counsel:
GEORGE L. VARNADOE

January 8, 2021

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

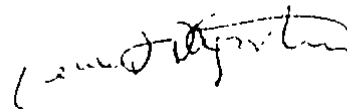
RE: Company: Krona, LLC
Florida Document No. L16000120557
Executed Statement of Authority

Dear Sir/Madam:

I enclose with this letter a copy of the cover letter and executed statement of authority for Krona, LLC. I enclose our firm's check # 56337 in the amount of \$25.00 for the filing fee of this document.

Sincerely,

CHEFFY PASSIDOMO, P.A.



Louis D. D'Agostino, Esq.
For the Firm

LDD/bmd
Enclosures
cc: Clients

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Krona, 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:

Lee Gariepy

Name of Person

Firm/Company

5664 Strand Court

Address

Naples, FL 34110

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Krona, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000120557

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

16237 Camden Lakes Circle

Naples, Florida 34110

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

16237 Camden Lakes Circle

Naples, Florida 34110

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: Andrey Doroshenko, as 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: Andrey Doroshenko, as Manager

b. No authority granted to: _____


Signature of authorized representative

Andrey Tolkachev, as Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2021 JAN 11 AM 8:45