

L16000 127 326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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C. GOLDEN

SEP 13 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UBEROLIS 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:

JACINTO FERNANDEZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6888 SW 90th Street

\_\_\_\_\_  
Address

Gainesville, FL 32608

\_\_\_\_\_  
City/State and Zip Code

joejfernandez@gmail.com

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

For further information concerning this matter, please call:

Jacinto Fernandez

\_\_\_\_\_  
Name of Person

404

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

2731763

\_\_\_\_\_  
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: UBEROLIS LLC

SECOND: The Florida Document Number of the limited liability company is: L16000127326

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

6888 SW 90th Street

Gainesville, FL 32608

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

6888 SW 90th Street

Gainesville, FL 32608

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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: SHERRY LAY

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: SHERRY LAY

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

[Signature]  
Signature of authorized representative

JACINTO FERNANDEZ

Typed or printed name of signature

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

enclosed  
enclosed