L16000130190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bonita Belting 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:

Mark Arrigo
Name of Person

Bonita Belting LLC
Firm/Company

9444 Del Lago Way
Address

Bonita Springs, FL 34135
City/State and Zip Code

Onthemarkone@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Arrigo at (617) 930-0343
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

CR2E138 (2/14)

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: Bonita Betting LLC

SECOND: The Florida Document Number of the limited liability company is: L16000130190

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

28414 Del Lago Way Bonita Springs FL 34135

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

Same as Above

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: Gabrielle Arrigo
   b. No authority granted to: John Dunski III
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: Gabrielle Arrigo
   b. No authority granted to: John Dunski III

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Signature of authorized representative

Mark Arrigo
Typed or printed name of signature

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

CR2E138 (2/14)