# 44600130190

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
rtified Copies	_ Certificate	s of Status
pecial Instructions to	Filing Officer:	
		!

Office Use Only



100320755651

11/16/18--01011--024 \*\*52.50

FILED

19 JAH 14 AH JI: 56

SECRETARY OF STANDA

\*#15 #\$ \*\* SCHROEDER

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bonite Belting LCC 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:
Merk Arrigo Name of Person
Banda Bellow UC Firm/Company
_ J S444 Del Lago Way
Boula Spring 5 FL 34135 City/State and Zip Code
On the mark one Ca Smail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (617) 730-0343  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

authority	
FIRST:	The name of the limited liability company is: Boulse Bettly
	D: The Florida Document Number of the limited liability company is 1600130190
THIRD	The street address of the limited liability company's principal office is:  28/14/ Del Lago way Bonitan Springs RL  34135
	The mailing address of the limited liability company's principal office is:  Scene us Alegree
position	TH: This statement of authority grants or sets limitations of authority on all persons having the status or of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific on the following:
person o	May execute an instrument transferring real property held in the name of the company.
	a. Granted to: Gabrielle Arrizo
	b. No authority granted to: Tolen Dunsks i.i.
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
	b. No authority granted to:
Signatur	Lark Arriso  Typed or printed name of signature
	Filing Fee: \$25.00  Certified Copy: \$30.00 (ontional)