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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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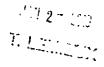
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COVER LETTER

TO: Registration Section Division of Corporations		
Downtown Gainesville, LLC SUBJECT:		
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following	ŗ.
Michael Tedesco		
Name of Person		
Firm/Company		
23915 NE State Road 26		
Address		
Melrose, Florida 32666		
City/State and Zip Code		
tedcoprops@yahoo.com		
E-mail address: (to be used for future annu	al report notification	n)
For further information concerning this matter, pleas	se call:	
Michael Tedesco	352	359-2304
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the followauthority:	ving statement of
FIRST: The name of the limited liability company is: Tedesco Buckin' Bulls, LLC	
SECOND: The Florida Document Number of the limited liability company is: L1600016332	0
THIRD: The street address of the limited liability company's principal office is: 23915 NE State Road 26, Melrose, FL 32666	-
The mailing address of the limited liability company's principal office is: 23915 NE State Road 26, Melrose, FL 32666	
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferce, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the compan	or to a specific
a. Granted to: Michael Tedesco	. 2019
b. No authority granted to: Johnny Tedesco	JAN T
2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Michael Tedesco	any.
b. No authority granted to: Johnny Tedesco	
Must Telle Muster Teller Johnny Todes	rs Ko
Signature of authorized representative Typed or printed name o Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2E138 (2/14)