

L16000180593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900288864499

10/03/16--01015--006 **30.00

FILED
16 OCT -3 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 04 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPA SOFTWARE USA, 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:

Russell D. Kaplan, Esq.

Name of Person

Russell D. Kaplan, P.A.

Firm/Company

7951 SW 6th Street, Suite 210

Address

Plantation, FL 33324

City/State and Zip Code

Russk@rdkpa.com

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

For further information concerning this matter, please call:

Russell Kaplan

at (

954

Area Code

763-7777

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

FILED
16 OCT -3 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NAPA SOFTWARE USA, LLC.

SECOND: The Florida Document Number of the limited liability company is: LI6000180593

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

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

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.

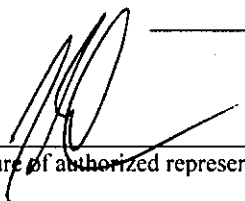
a. Granted to: Saverio Sasso, Mikko Varhe

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: Saverio Sasso, Mikko Varhe

b. No authority granted to: _____



Signature of authorized representative

Juha Heikinheimo

Typed or printed name of signature

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

FILED
16 OCT -3 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA