

L17000135365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

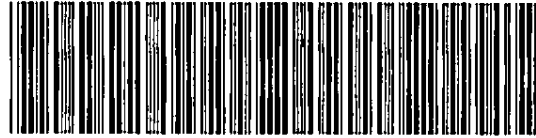
(Business Entity Name)

(Document Number)

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*Statement
of
Authenticity*

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nole Farms, 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:

Star M. Sansone

Name of Person

Salter Feiber, P.A.

Firm/Company

3940 N.W. 16th Blvd, Ste. B

Address

Gainesville, Florida 32605

City/State and Zip Code

stars@salterlaw.net

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

For further information concerning this matter, please call:

Star M. Sansone at (352) 376-8201

Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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: Nole Farms, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000135365

THIRD: The street address of the limited liability company's principal office is:
6489 S.E. 50th Street
Trenton, Florida 32693

The mailing address of the limited liability company's principal office is:
6211 N.W. 132nd Street
Gainesville, Florida 32653

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: _____

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: Jonathan Breman

b. No authority granted to: _____



Signature of authorized representative

Patrick J. Bainter

Typed or printed name of signature

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

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