

117 000175108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

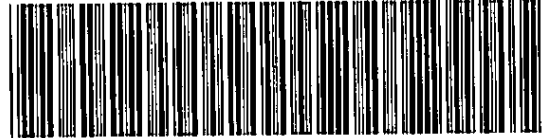
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02/28/22--01018--006 **25.00

117 000175108

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOMMERHAUS 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:

Harry Lange
Name of Person
SOMMERHAUS LLC
Firm/Company
133 NW 4TH AVE
Address
DELRAY BEACH, FL 33444
City/State and Zip Code

Harry.Lange@darev.ch
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Lange at +49172 7982044
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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: L323-44-1

FIRST: The name of the limited liability company is: SOMMERHAUS LLC

SECOND: The Florida Document Number of the limited liability company is: L17000175108

THIRD: The street address of the limited liability company's principal office is:
133 NW 4TH AVE

DELRAY BEACH, FL 33444

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

133 NW 4TH AVE

DELRAY BEACH, FL 33444

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.

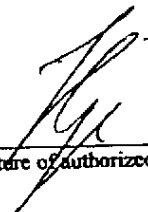
a. Granted to: Jana Lange

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: Jana Lange

b. No authority granted to: _____


Signature of authorized representative

Jana Lange
Typed or printed name of signature

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