48000108244

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (A.I. | | |
|) And | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Виз | siness Entity Nan | ne) |
| (Do | cument Number) | |
| · | · | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to i | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900317294129

2018 AUG ZU PH 3: 51

COVERLETTER

| Division of Corporations | |
|--|---|
| BLUSEA HOLDINGS LLC | |
| Name o | 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 thi | s matter to the following: |
| Robert T Strandberg | |
| Name of Person | |
| BLUSEA HOLDINGS LLC | |
| Firm/Company | |
| 5988 CHESAPEAKE PARK | |
| Address | |
| ORLANDO, FL 32819 | |
| City/State and Zip Code | |
| rstrandberg@edc-tech.org | |
| E-mail address: (to be used for future | annual report notification) |
| For further information concerning this matter, | please call: |
| Robert T Standberg | at (40-7) 446 - 4990 Area Code Daytime Telephone Number |
| Name of Person | 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 |

TO: Registration Section

STATEMENT OF AUTHORITY

FILED

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of . FIRST: The name of the limited liability company is: BLUSEA HOLDINGS LL 2018 AUG 24 PM 3: 54 authority: SECOND: The Florida Document Number of the limited liability company is: <u>L18000108244</u> THIRD: The street address of the limited liability company's principal office is: 5988 CHESAPEAKE PARK ORLANDO, FL 32819 The mailing address of the limited liability company's principal office is: 5988 CHESAPEAKE PARK ORLANDO, FL 32819 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. Granted to: Robert T Strandberg No authority granted to: Robert T Strandberg Typed or printed name of signature ure of authorized representative \$25.00 Filing Fee: Certified Copy: \$30.00 (optional)