

L190000 43 730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

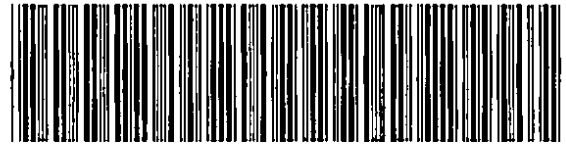
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000327521150

04/12/19--01023--005 **55.00

MAILED

2019/03/12 A 7:14

FILED

4/19/19 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tradition One LLC, a Florida limited liability company

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:

Alyssa DeBell

Name of Person

Law Office of Bonnie A. Brown

Firm/Company

514 Colorado Avenue

Address

Stuart, Florida 34994

City/State and Zip Code

abh11570@yahoo.com

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

For further information concerning this matter, please call:

Alyssa DeBell

Name of Person

772

Area Code

221-9024

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

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: Tradition One LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L19000043730

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

4545 SW Longbay Drive

Palm City, Florida 34990

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

P.O. Box 1868

Palm City, Florida 34991

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: Rajesh J. Patel

b. No authority granted to: Hemal J. Patel, Anjana R. Patel, Pratik Patel, Darshan Patel, Nirali Patel and Priya Naran

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Rajesh J. Patel


b. No authority granted to: Hemal J. Patel, Anjana R. Patel, Pratik Patel, Darshan Patel, Nirali Patel and Priya Naran

See attached
Signature of authorized representative

See attached
Typed or printed name of signature

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

Signature Page for Statement of Authority



Signature of authorized representative

Rajesh J. Patel

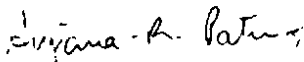
Typed or printed name of signature



Signature of authorized representative

Hemal J. Patel


Typed or printed name of signature



Signature of authorized representative

Anjana R. Patel

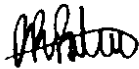
Typed or printed name of signature



Signature of authorized representative

Pratik Patel

Typed or printed name of signature



Signature of authorized representative

Darshan Patel

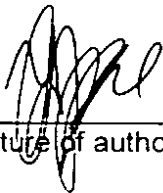
Typed or printed name of signature



Signature of authorized representative

Nirali Patel

Typed or printed name of signature



Signature of authorized representative

Priya Naran

Typed or printed name of signature