

L19 000219222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

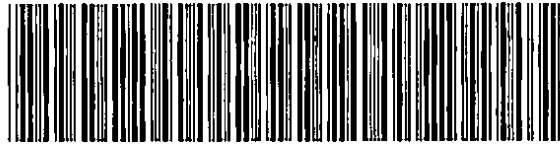
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/21/20--01015--024 **25.00

11/2/20
Or

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Probate Team 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:

Myra Novak
Name of Person

Florida Probate Team LLC
Firm/Company

4250 Alafaya Trail Suite 212-334
Address

Oviedo, FL 32765
City/State and Zip Code

info@flprobate team.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Novak at (786) 318-8202
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:

FIRST: The name of the limited liability company is: Florida Probate Team LLC

SECOND: The Florida Document Number of the limited liability company is: L19000219222

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

4250 Alafaya Trail

Suite 212-334

Oviedo, FL 32765

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

4250 Alafaya Trail

Suite 212-334

Oviedo, FL 32765

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.

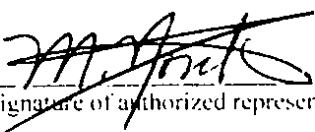
a. Granted to: Myra Novak or Alena Rivera

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: Myra Novak or Alena Rivera

b. No authority granted to: _____


Signature of authorized representative

Myra Novak
Typed or printed name of signature

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