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TO: Registration Section Division of Corporations

Skobel Homes LLC

SUBJECT:

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:

Michael Skobel, Esq.

Name of Person

Skobel Law PA

Firm/Company

7475 SW 70th Ln

Address

Gainesville, FL 32608

City/State and Zip Code

michael@skobel.com

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

For further information concerning this matter, please call:

Michael Skobel	352	224-3692
	_ at ()	•
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

CR2E138 (2/14)

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: ______Skobel Homes LLC

SECOND: The Florida Document Number of the limited liability company is: L19000249337

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

7475 SW 70th Ln, Gainesville, FL 32608

The mailing address of the limited liability company's principal office is: 7475 SW 70th Ln, Gainesville, FL 32608

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: Alex Skobel, Michael Skobel, Loree Skobel	2019 C	
b.	No authority granted to:	31 24 Ph	
2. May e a.	nter into other transactions on behalf of, or otherwise act for or bind, the company, Granted to : Alex Skobel, Michael Skobel, Loree Skobel	2:51	المحتودية .
b.	No authority granted to:		
Signature of authoriz	ed representative Filing Fee: \$25.00	ure	