

19000 271818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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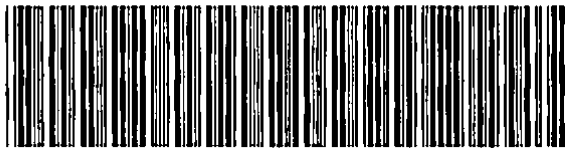
(Business Entity Name)

(Document Number)

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SECRETARY OF  
TALLAHASSEE, FL

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6/15/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brosef, 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:

Brandon Patterson  
Name of Person

Brosef, LLC  
Firm/Company

407 Pueblo Trail  
Address

Lakeland FL 33803  
City/State and Zip Code

Brandon.patterson05@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Patterson at ( 863 ) 409-2447  
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: Broset, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L19000271818

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

407 Pueblo Trail  
Lakeland FL 33803

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

407 Pueblo Trail  
Lakeland FL 33803

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**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: Brandon D. Patterson

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: Brandon D. Patterson

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Brandon D. Patterson  
Typed or printed name of signature

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