

L19000304 385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

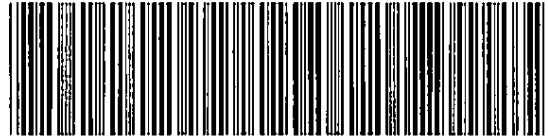
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STMV, 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:

Darrin R. Schutt

Name of Person

Schutt Law Firm PA

Firm/Company

12601 New Brittan Blvd.

Address

Fort Myers, Florida 33907

City/State and Zip Code

darrin.schutt@schuttlaw.com

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

For further information concerning this matter, please call:

Darrin R. Schutt, Esq.

239

540-7007

at (_____)

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

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TALLAHASSEE, FL

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: STMV, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000304385

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

750 E Cowboy Way

LaBelle, Florida 33935

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

750 E Cowboy Way

LaBelle, Florida 33965

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or as a specified person on the following:

1. May execute an instrument transferring real property held in the name of the company.

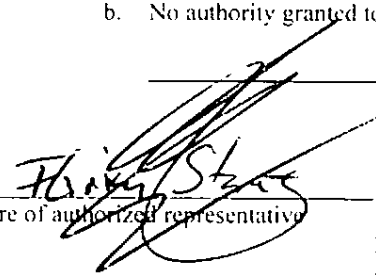
a. Granted to: LIZANDRA VILLARREAL

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: _____

b. No authority granted to: _____


Signature of authorized representative

Florian Stangl-Mayer

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL 323