

L20000053822

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KELY LLC

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K. SALY

MAR 1 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KELLY 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:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13574 Village Park Dr. Ste 250

Address

Orlando, FL 32837

City/State and Zip Code

sunbiz.sicont@hotmail.com

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

For further information concerning this matter, please call:

DESIREE TORRES

407

443-8973

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

CR2E138 (2/14)

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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: KELY LLC

SECOND: The Florida Document Number of the limited liability company is: L20000053822

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

1408 SUNNYHILLS DR

BRANDON FL 33510

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

1408 SUNNYHILLS DR

BRANDON FL 33510

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: EDWIN TORRES

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: EDWIN TORRES

b. No authority granted to: _____

EDWIN TORRES

Signature of authorized representative

EDWIN TORRES

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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