

L20 000 244656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

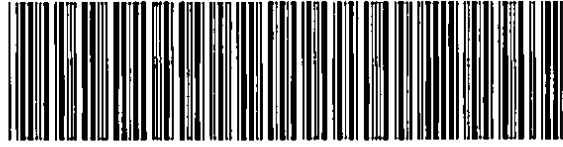
(Business Entity Name)

(Document Number)

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Or

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saint Carmen of Mount Carmel
Name of Limited Liability Company

Bontanica, LLC

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:

Dr. Shentelle C. Hamilton

Name of Person

Saint Carmen of Mount Carmel Bontanica, LLC

Firm/Company

2000 Linton Lake Dr. unit M

Address

Delray Beach, FL 33445

City/State and Zip Code

DRHamilton2010@gmail.com

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

For further information concerning this matter, please call:

Shentelle Hamilton at (561) 562-0090

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: Saint Carmen of mount Carmel Bontanica, LLC

SECOND: The Florida Document Number of the limited liability company is: 20000244656

THIRD: The street address of the limited liability company's principal office is:
2000 Linton Lake DR. unit M
Delray Beach, FL 33445

The mailing address of the limited liability company's principal office is:
2000 Linton Lake DR. unit M
Delray Beach, FL 33445

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: Shentelle C. Hamilton, DR

b. No authority granted to: DARIA NATALIA COLEMAN
and Anderson Augustin

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Shentelle C. Hamilton, DR

b. No authority granted to: Anderson Augustin
and DARIA NATALIA COLEMAN

Shentelle Hamilton
Signature of authorized representative
Anderson Augustin
Daria Coleman

Shentelle Hamilton
Typed or printed name of signature
Anderson Augustin
DARIA NATALIA COLEMAN

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