

L20000360370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

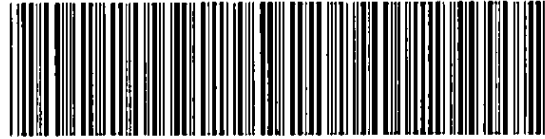
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600274800316

06/07/21--01005--009 **25.00

2022 JUN - 7 AM 6:16

O SIMMONS
JUN 09 2021

ROBERT F. VASON, JR., P.A.

ATTORNEY AT LAW
501 EAST FIFTH AVENUE
MOUNT DORA, FLORIDA 32757
TELEPHONE: (352) 383-4151

ROBERT F. VASON, JR., ESQ.

EMAIL: RVASON@VASONLAW.COM

May 27, 2021

Octavia L. Simmons
Regulatory Specialist II Supervisor
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

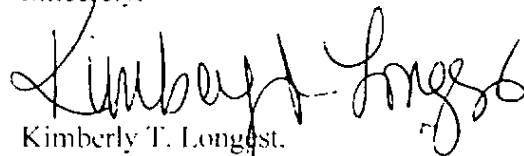
Re: Jonas 1997, LLC
Ref. Number LS0000350370

Dear Ms. Simmons,

In follow up to your letter of May 21, 2021, a copy of which is enclosed, I am hereby submitting the \$25.00 fee for the Statement of Authority of Jonas 1997, LLC.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly T. Longest", with a stylized flourish at the end.

Kimberly T. Longest,
Paralegal to
ROBERT F. VASON, JR.

/kl
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

Dated : _____, 2021

SUBJECT: Jonas 1997, 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:

Robert F. Vason, Jr., Esquire

Name of Person

Robert F. Vason, Jr., P.A.

Firm/Company

501 E. Fifth Avenue

Address

Mount Dora, Florida 32757

City/State and Zip Code

josephcarrasco1@aol.com

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

For further information concerning this matter, please call:

Robert F. Vason, Jr., Esquire

352

383-4151 x 306

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)

RECEIVED
MAR 12 2021

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: Jonas 1997, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000350370

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

1015 Juliette Blvd.

Mount Dora, Florida 32757

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

1015 Juliette Blvd.

Mount Dora, Florida 32757

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: Joseph L. Carrasco Manager

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: Joseph L. Carrasco

b. No authority granted to: _____

Effective Date: 2/23, 2021

X [Signature]
Signature of authorized representative

Joseph L. Carrasco

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

By [Signature]
Cherukamala, LLC

By [Signature]
Srinivas Attanti

By [Signature]
Bharathi Attanti