

L21000228335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Estate Solutions 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:

Jason Dela Cruz

Name of Person

Innovative Estate Solutions

Firm/Company

13120 Parkside Terrace

Address

Cooper City, FL 33330

City/State and Zip Code

IESProbate@gmail.com

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

For further information concerning this matter, please call:

Jason Dela Cruz

904

253-0392

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

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: Innovative Estate Solutions LLC

SECOND: The Florida Document Number of the limited liability company is: L21000228335

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

7705 Nova Dr

Davic, FL 33324

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

7705 Nova Dr

Davic, FL 33324

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.

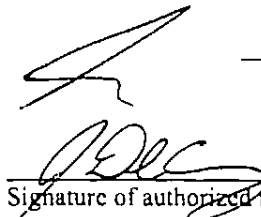
a. Granted to: Joseph G. DelaCruz

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 G. DelaCruz

b. No authority granted to: _____


Signature of authorized representative

MICHAEL L. RUBLE, AMBR

JASON G. DELA CRUZ, AMBR
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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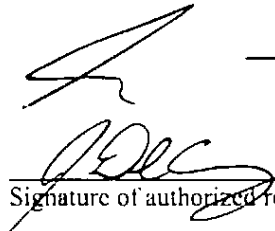
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Signature of authorized representative

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JASON G. DELA CRUZ, AMBR

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