## 121000271824

(Requestor's Name)				
(Address)	900368854			
(Address)	3000000			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	07/12/21010170			
(Document Number)				
Certified Copies Certificates of Status	:. : :			
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Office Use Only



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JUL 3 1 2021 ! ALBRITTON

## **COVER LETTER**

Division of Corporations	
SUBJECT: ADELA 117, LLC	
Name of Limited Liability	Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for f	iling.
Please return all correspondence concerning this matter to the follo	owing:
JO ANN M. KOONTZ	
Name of Person	<del></del>
KOONTZ & ASSOCIATES, PL	
Firm/Company	
1613 FRUITVILLE RD.	
Address	
SARASOTA, Fl. 34236	
City/State and Zip Code	<del></del>
JOANN@KOONTZASSOCIATES.COM	
E-mail address: (to be used for future annual report notifi	ication)
For further information concerning this matter, please call:	
JO ANN M. KOONTZ at ( 941	225-2615
Name of Person Area C	Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, Fl. 32314	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

TO: Registration Section

## STATEMENT OF AUTHORITY

authority:			da Statutes, this limite			mits the follow	ring statement of
FIRST: Th	ie name o	f the limited liabi	lity company is:A	ADELA 117, L	LLC		
SECOND:	The Flori	ida Document Nu	umber of the limited l	liability compan	ny is:I	2100027182	4
THIRD: T		iddress of the lim IBISCUS WAY	ited liability compan	y's principal of	fice is:		
	LONG	GBOAT KEY,	FL 34228				
<del>-</del>		•	limited liability comp		office is:		101 JUL 12 AH 10: 17
	MIS	SISSAUGA, C	NTARIO L5B 21	<b>'</b> 4			
	CA	NADA					-
	a person ii ne followi	n a company, whong: ecute an instrume Granted to: Me	y grants or sets limits ether as a member, trent transferring real pembers of the conany, dated June 1	ansferee, manag roperty held in t apany pursua	ger, office the name	of the compan	or to a specific ny. Agreement
	b.	No authority gra	unted to:				
2.	May en a.		nsactions on behalf o	f. or otherwise a	act for or	bind, the comp	- pany. -
	b.	No authority gra	inted to: incur any	y obligation in	n the na	me or on the	ecredit of the company
		exceeding S company.	1,000.00 without	the express w	<u>vritten c</u>	onsent of th	e members of the
Jac	quei	ine Dur	ham			ne M. Durha	
Signature of	i authoriz	ed representative	Filing Fee: Certified Cop	] \$25.00 py: \$30.00 (opt		printed name o	of signature

CR2E138 (2/14)