

L21000 331795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

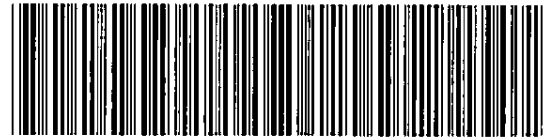
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOLFFVAN INVESTMENTS 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:

ADRIANA P VANDROUX

Name of Person

WOLFFVAN INVESTMENTS LLC

Firm/Company

78 MEADOW POND DRIVE APT A

Address

LEOMINSTER MA 01453

City/State and Zip Code

vandrouxa@hotmail.com

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

For further information concerning this matter, please call:

Adriana P Vandroux

978

602-5636

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: WOLFFVAN INVESTMENTS LLC

SECOND: The Florida Document Number of the limited liability company is: L21000331795

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

13135 CHADWICK CT 11

WELLINGTON FL 33414

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

78 MEADOW POND DRIVE APT A

LEOMINSTER MA 01453

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: ADRIANA P VANDROUX

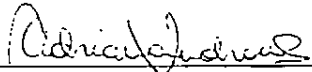
b. No authority granted to: DANIEL R GAFFURI-BAIOCCO

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

a. Granted to: ADRIANA P VANDROUX

DANIEL R GAFFURI-BAIOCCO - check signing/payments/wire transfers

b. No authority granted to: _____


Signature of authorized representative

ADRIANA P VANDROUX
Typed or printed name of signature

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