

L21 000438468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

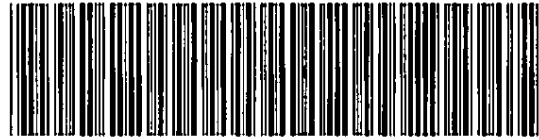
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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MAR 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Devonia 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:

Kate Keller

Name of Person

Devonia LLC

Firm/Company

45 Newbury Street Suite 204

Address

Boston, MA 02116

City/State and Zip Code

jenn@kelleraugusta.com

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

For further information concerning this matter, please call:

Hanah Loya

561

421-8668

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: Devonia LLC

SECOND: The Florida Document Number of the limited liability company is: L21000438468

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

45 Newbury Street

Suite 204

Boston, MA 02116

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

45 Newbury Street

Suite 204

Boston, MA 02116

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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: Kate Keller

b. No authority granted to: _____

John R. Artman

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

a. Granted to: Kate Keller

b. No authority granted to: _____

John R. Artman

Kate Keller
Signature of authorized representative

Kate Keller
Typed or printed name of signature

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