

LO 2000000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

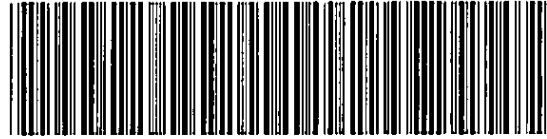
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AND AMBASSED, FLORENCE
2020 FEB -6 AM 7:17

FILED

MAR 03 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ponce Associates, 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:

Douglas Maier

Name of Person

Ponce Associate, LLC

Firm/Company

1548 The Greens Way, Suite #6

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

Dmaier@arendale.com

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

For further information concerning this matter, please call:

Douglas Maier at (904) 482-1100 or 482-1127

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: Ponce Associates, LLC

SECOND: The Florida Document Number of the limited liability company is: L02000000355

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

1548 The Greens Way, Suite #6

Jacksonville Beach, FL 32250

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

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL 32304

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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.

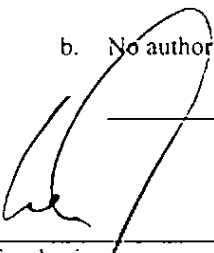
a. Granted to: Douglas Maier, Vice President Ponce Associates, LLC

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: Douglas Maier, Vice President Ponce Associates, LLC

b. No authority granted to: _____

WJL

Signature of authorized representative

William Lanus, President
Typed or printed name of signature

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