

LO5000016729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

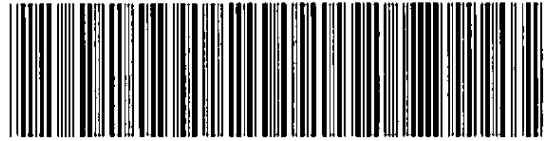
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

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JUL 18 2023

07/18/23--01001--023 \*\*75.00

2023 JUL 18 AM 10:47  
2023 JUL 18 AM 11:02

**CORPORATE  
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**WALK IN**

**PICK UP:** MISTY 7/18

**CERTIFIED COPY**

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**STATEMENT OF AUTHORITY**

**1. LAKE SIDE GARDENS MOBILE HOME PARK, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKESIDE GARDENS MOBILE HOME PARK, 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:

D. SCOTT BAKER, ESQUIRE

\_\_\_\_\_  
Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

\_\_\_\_\_  
Firm/Company

315 E ROBINSON STREET SUITE 600

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32801

\_\_\_\_\_  
City/State and Zip Code

REGISTEREDAGENT@ZKSRASERVICES.COM

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

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal

407

425-7010

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: LAKESIDE GARDENS MOBILE HOME PARK, LLC.

**SECOND:** The Florida Document Number of the limited liability company is L05000016729.

**THIRD:** The street address of the limited liability company's principal office is:  
315 E. Robinson Street, Suite 600  
Orlando, Florida 32801

The mailing address of the limited liability company's principal office is:  
315 E. Robinson Street, Suite 600  
Orlando, Florida 32801

**FOURTH:** This Statement of Authority grants or sets limitations of authority on all persons having the status of 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: N/A
- b. No authority granted to: N/A

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

a. Granted to: Misty Dodds and/or Michael Dotson, as authorized signatory for the company for the purposes of facilitating utility transfers and connections and disconnections, executing purchase and sale contracts and all other documents ancillary to the purchase and sale of a mobile home and/or recreational vehicle, executing all leases and rental agreements, and applying for mobile home and recreational vehicle titles.

- b. No authority granted to: N/A

Matthew Forssman  
Signature of Authorized Representative

Matthew Forssman  
Typed or printed name of Signor

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