## LI40007634

(Re	equestor's Name)	
- (Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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## COVER LETTER

10:	Division of Corporations		♥.		
SUBJI		SE Sth		<u>u</u>	
	Ŋ	lame of Limite	d Liability Com	pany	
Dear S	ir or Madam:				
The en	closed Statement of Authority and	fee(s) are sub	mitted for filing.		
Please	return all correspondence concern	ing this matter	to the following	ŗ.	
Josh	ua O. Dorcey				
	Name of Person			-	1 2 22
The I	Dorcey Law Firm PLC				
	Firm/Company			-	× 2
1018	1 Six Mile Cypress Pkwy,	Ste. C			
	Address			-	3 G
Fort	Myers, FL 33966				F 8
	City/State and Zip Cod	e		-	
josh(	@dorceylaw.com		•		
	E-mail address: (to be used for	future annual r	eport notificatio	n)	
For fu	rther information concerning this r	natter, please c	all:		
Josh	Dorcey or Mike Scott		239	418-0169	
	Name of Person		Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, Florida 32314	

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1),	Florida Statutes,	this limited	liability	company	submits th	e
following statement of authority		•				

NAME OF LLC: 316 SE 5th CT, LLC

THE FLORIDA LLC DOCUMENT NUMBER: L14000074524

PRINCIPAL OFFICE ADDRESS: 13272 Tall Pine Circle, Fort Myers, FL 33907

MAILING ADDRESS: 13272 Tall Pine Circle, Fort Myers, FL 33907

Below is the authority given to each Member of the LLC. If a Member has unlimited authorization, the option "All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority)" will be selected. A separate sheet of paper will be attached if a Member has been given specific authority to an option not listed in this form.

## **MEMBERS:**

Mei	mber #1			
NAN	ME: REGO MANAGEMENT, LLC			
ADI	DRESS: 13272 Tall Pine Circle, Fort Myers, FL 33907	32		
	All Authorization Options Listed Below Apply to Him/Her (Un	limited Authority).		
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real			
Prop	perty Owned by the LLC.			
	He/She has Authority to Purchase Property in the Name of the	LLC.		
	He/She has authority to Enter into Contract(s) for the Mainten	ance/ Improvement		
of R	leal Property.			
	He/She has authority to Open Bank Account(s) in Name of the	LLC.		
	He/She has authority to Close Bank Account(s) Owned by the I	LC.		
	He/She has authority to Use, Execute, Negotiate, and/or Assign	LLC Debit/Credit		
Car	ds and/or other instruments of payment on behalf of the LLC.			
	He/She has authority to Enter into Contract(s) for the Sale of the	ne LLC's Personal		
Proj	perty (Ex: Vehicles/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase	e of Personal		
Proj	perty (Ex: Vehicles/Equipment).			
	He/She has authority to Enter into Contract(s) for the Purchase	e of Supplies.		

He/She has authority to Enter into Contract(s) for the Purchase of Material(s).

	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.	
	He/She has authority to Enter into Contract(s) for the Purchase of Services.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's	
Merc	chandise.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.	
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services	
on be	ehalf of the LLC.	
	He/She has authority to File Annual Reports with State of Florida.	
	He/She has authority to Amend Annual Reports with State of Florida.	
	He/She has authority to File Statement of Authority(s) with State of Florida.	
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of	
Flori	da.	
	He/She has authority to Amend Articles of Organization.	
	He/She has authority to Amend Articles of Organization.  MANAGERS	
	MANAGERS	
	lager #1	
	IE: LYNN C. REGO	
	CIFIC TITLE: MANAGER	
ADD	IE: LYNN C. REGO CIFIC TITLE: MANAGER RESS: 13272 Tall Pine Circle, Fort Myers, FL 33907	
×	All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority).	
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real	
Prop	erty Owned by the LLC.	
	He/She has Authority to Purchase Property in the Name of the LLC.	
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement	
of Re	eal Property.	
	He/She has authority to Open Bank Account(s) in Name of the LLC.	
	He/She has authority to Close Bank Account(s) Owned by the LLC.	
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit	
Card	s and/or other instruments of payment on behalf of the LLC.	
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal	
Prop	erty (Ex: Vehicles/Equipment).	
☐ He/She has authority to Enter into Contract(s) for the Purchase of Personal		
_	erty (Ex: Vehicles/Equipment).	
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.	
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).	
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.	

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☐ He/She has authority to Enter into Contract(s) for the Purchase of Service	ces.
☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's	Supplies.
☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's	Material(s).
☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's	
Merchandise.	
☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's	Services.
☐ He/She has authority to Enter into and maintain Contract(s) for Insuran	ice Services
on behalf of the LLC.	
☐ He/She has authority to File Annual Reports with State of Florida.	
☐ He/She has authority to Amend Annual Reports with State of Florida.	
☐ He/She has authority to File Statement of Authority(s) with State of Flor	ida.
☐ He/She has authority to Amend/Cancel/Renew Statement of Authority(s)	) in State of
Florida.	
He/She has authority to Amend Articles of Organization.	ng ark
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SPECIFIC RESTRICTIONS	
Below are specific restrictions given to a Member, Manager, or Employee.	F1_E
and appropriate the annual first the ann	}† <b>!</b> 7± ( )
The individuals below are restricted from the following:	를 U -, 휴
$\wp$	. : : :::::::::::::::::::::::::::::::
Name: Klyp Management, LCC	
Name: Rego Management, LCC  Restrictions: No Authority.	
Restrictions: 10 Authory.	
Name:	
Restrictions:	
	· · · · · · · · · · · · · · · · · · ·
If more space was needed, a separate sheet(s) of paper will be attached to the back of	f this form
if more space was needed, a separate sheet(s) of paper will be attached to the back of	uns torm.
316 SE 5 <sup>th</sup> CT, LLC;	
By: Ayn CRego	
, ,	
Print Name: LYNN C. REGO	
Title: MANAGER	