

L20000368252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

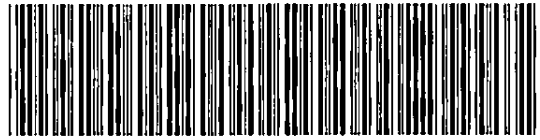
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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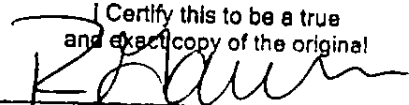
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2023 MAR 24 AM 9:23  
TALLAHASSEE, FL  
CLERK OF STATE

A handwritten signature in black ink, appearing to be the initials 'AL'.

Certify this to be a true  
and exact copy of the original



**COVER LETTER**

WIDÉIKIS, BENEDICT & BERNTSSON, LLC  
THE BIG W LAW FIRM

TO: Registration Section  
Division of Corporations

SUBJECT: GULF SHORES 160000 LLC f/k/a GULF SHORES 16000 LLC, a Florida limited liability company

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

WMB CORP., an Indiana corporation  
*Name of Manager*

GULF SHORES 160000 LLC f/k/a GULF SHORES 16000 LLC, a Florida limited liability company  
*Name of Company*

9800 Connecticut Ave., Suite A1-100  
*Address of Company*

Crown Point, IN 46307  
*City/State and Zip Code*

KCARLSON@WHITEPETERMAN.COM  
*E-mail Address of Manager*

STATE OF FLORIDA  
TALLAHASSEE, FL

2023 MAR 24 AM 9:23

FILED

For further information concerning this matter, please call:

Racheal Gauss at

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

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CLERK OF STATE  
TALLAHASSEE, FL

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 21 day of MARCH, 2023, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

- FIRST:** The name of the limited liability company is: **GULF SHORES 160000 LLC f/k/a GULF SHORES 16000 LLC, a Florida limited liability company**
- SECOND:** The Florida Document Number of the limited liability company is: **L20000368252**
- THIRD:** The street address of the limited liability company's principal office is: **9800 Connecticut Ave., Suite A1-100, Crown Point, IN 46307**
- The mailing address of the limited liability company's principal office is: **9800 Connecticut Ave., Suite A1-100, Crown Point, IN 46307**
- 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 matters enumerated below:
1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
    - a. Granted to: **KEVIN S. CARLSON, as Vice President of WMB CORP., an Indiana corporation, as Manager.**
    - b. No authority granted to:
  2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
    - a. Granted to: **KEVIN S. CARLSON, as Vice President of WMB CORP., an Indiana corporation, as Manager.**
    - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

KS Carlson

Signature of authorized representative

KEVIN S. CARLSON, as Vice President of WMB  
CORP., an Indiana corporation, as Manager  
Printed name and position title

STATE OF Indiana  
COUNTY OF Lake

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 21st day of March, 2023, by KEVIN S. CARLSON, as Vice President of WMB CORP., an Indiana corporation, the Manager of GULF SHORES 160000 LLC f/k/a GULF SHORES 16000 LLC, a Florida limited liability company who is personally known to me or who has produced as identification and who did take an oath.

Sherril B. McComb

Notary Public, State of  
My Commission Expires:  
(Seal)

SHERRI B. MCCOMB  
Notary Public - Seal  
Lake County - State of Indiana  
Commission Number NP0696635  
My Commission Expires Mar 15, 2025

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TALLAHASSEE, FL  
COUNTY OF STATE