

L22000262337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

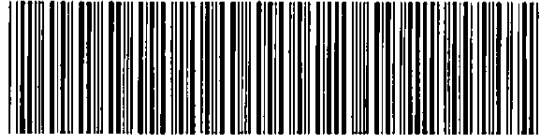
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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/23/2024

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Eric DW

Name:	DCNIG FSB, LLC
Document #:	
Order #:	15585015

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
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Amount: \$ **55.00**

Thank you!

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: DCNIG FSB, LLC

SECOND: The Florida Document Number of the limited liability company is: L22000262337

THIRD: The street address of the limited liability company's principal office is:
4901 NW 17 Way, Suite 104
Fort Lauderdale, FL 33309

The mailing address of the limited liability company's principal office is:
4901 NW 17 Way, Suite 104
Fort Lauderdale, FL 33309

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CLERK OF DISTRICT COURT
SOUTH FLORIDA
MIAMI

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: Defined Companies, LLC

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: Defined Companies, LLC

b. No authority granted to: N/A

Noah Leon
Signature of authorized representative

Noah Leon, as Manager of
Defined Companies, LLC
Typed or printed name of signature

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