L24000514330

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2025 JAN 13 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 320 CAPSTAN DRIVE, LLC
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:

ADRIENE MELVIN and ROBERT A. MELVIN, IV
Name of Managers

320 CAPSTAN DRIVE, LLC
Name of Company

PO BOX 692
Address of Company

Placida, FL 33946
City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Amanda Moses 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

2005 JAN 13 PM 2:54

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC
Robert C. Benedict, Esq.
333 Park Avenue, Unit 2A, PO Box 483
Boca Grande, FL 33921

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 26 day of December, 2024, 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: **320 CAPSTAN DRIVE, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L24000514330**

THIRD: The street address of the limited liability company's principal office is: **PO BOX 692, Placida, FL 33946**

The mailing address of the limited liability company's principal office is: **PO BOX 692, Placida, FL 33946**

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: **ADRIENE MELVIN and ROBERT A. MELVIN, IV**, as Managers.
   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: **ADRIENE MELVIN and ROBERT A. MELVIN, IV**, as Managers.
   b. No authority granted to:

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

Adriene Melvin
Signature of authorized representative

ADRIENE MELVIN, as Manager
Printed name and position title

STATE OF Virginia
COUNTY OF Loudoun

The foregoing instrument was acknowledged before me by means of ✓ physical presence or __ online notarization, this 26 day of Dec, 2024 by ADRIENE MELVIN, Manager of 320 CAPSTAN DRIVE, LLC who is personally known to me or who has produced Drivers license as identification and who did take an oath.

Mrs. Emily W Gordon
Notary Public, State of ~~Florida~~ Virginia
My Commission Expires: July 31, 2028
(Seal)

MRS. EMILY W GORDON
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES JULY 31, 2028
COMMISSION # 290282

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

Signature of authorized representative

ROBERT A. MELVIN, IV, as Manager
Printed name and position title

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of __ physical presence or __ online notarization, this ____ day of _____, 20____ by ROBERT A. MELVIN, IV, Manager of 320 CAPSTAN DRIVE, LLC who is personally known to me or who has produced _____ as identification and who did take an oath.

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

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

_____ **ADRIENE MELVIN**, as Manager
Signature of authorized representative Printed name and position title

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of __ physical presence or __ online notarization, this ____ day of _____, 20____ by ADRIENE MELVIN, Manager of 320 CAPSTAN DRIVE, LLC who is personally known to me or who has produced _____ as identification and who did take an oath.

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

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

_____ **ROBERT A. MELVIN, IV**, as Manager
Signature of authorized representative Printed name and position title

2025 JAN 13 PM 2:54

STATE OF Florida
COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of ✓ physical presence or __ online notarization, this 26 day of December, 2024 by ROBERT A. MELVIN, IV, Manager of 320 CAPSTAN DRIVE, LLC who is personally known to me or who has produced _____ as identification and who did take an oath.

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

AMANDA MOSES
Commission # HH 252048
Expires April 12, 2026