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(City/State/Zip/Phone #)

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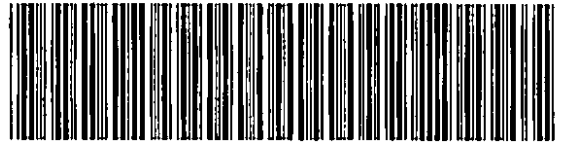
(Business Entity Name)

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FILED
2022 APR 14 AM 9:12
FBI - BOSTON

5/21/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEDERICO-STOPA HOLDINGS, 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:

MARK STOPA

Name of Manager

FEDERICO-STOPA HOLDINGS, LLC

Name of Company

18617 U.S. Highway 19 N, Suite 100

Address of Company

Clearwater, FL 33764

City/State and Zip Code

MARKPSTOPA@GMAIL.COM

E-mail Address of Manager

For further information concerning this matter, please call:

Kendal Canonico at

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:

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

CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL

[Signature]

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

FILED
2022 APR 14 AM 9:12
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 6th day of April, 2022, 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: **FEDERICO-STOPA HOLDINGS, LLC**, a Florida Limited Liability Company

SECOND: The Florida Document Number of the limited liability company is: **L08000044483**

THIRD: The street address of the limited liability company's principal office is: **18617 U.S. Highway 19 N, Suite 100, Clearwater, FL 33764**

The mailing address of the limited liability company's principal office is: **18617 U.S. Highway 19 N, Suite 100, Clearwater, FL 33764**

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: **MARK STOPA**, as Manager and **ADRIENNE L. FEDERICO**, as Manager, either of whom may unilaterally sign and bind the company without the joinder of the other.

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: **MARK STOPA**, as Manager and **ADRIENNE L. FEDERICO**, as Manager, either of whom may unilaterally sign and bind the company without the joinder of the other.

b. No authority granted to:

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

Mark Stopa
Signature of authorized representative

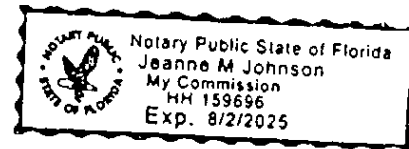
MARK STOPA, as Manager
Printed name and position title

STATE OF

COUNTY OF Pineellas

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 6th day of April, 2022, by MARK STOPA, as Manager of FEDERICO-STOPA HOLDINGS, LLC, a Florida limited liability company who is personally known to me or who has produced _____ as identification and who did take an oath.

Jeane M Johnson
Notary Public, State of Florida
My Commission Expires: 08/02/2025
(Seal)



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

A. L. Federico
Signature of authorized representative

ADRIENNE L. FEDERICO, as Manager
Printed name and position title

STATE OF

COUNTY OF Pinal

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 6th day of April, 2021, by ADRIENNE L. FEDERICO, as Manager of FEDERICO-STOPA HOLDINGS, LLC, a Florida limited liability company who is personally known to me or who has produced _____ as identification and who did take an oath.

Jeanne M. Johnson
Notary Public, State of Florida
My Commission Expires: 08/02/2025
(Seal)

