L02000012278

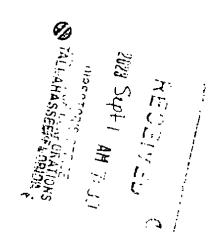
	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer:			

Office Use Only



900414580859

2023 SEP - 1 PH 3: 23



Please use funds from account: Authorization Signature:	
Tradewinds Development Compa	any, LLC L02000012278
<u>Business</u>	<u>Document #</u>
_XCertified Copy	
Certificate of Status	
NEW FILINGS	AMENDMENTS
Profit Corp	Amendment
Not for Profit	Resignation of R.A.
Officer/Director	Articles of Dissolution
Limited Liability	Change of Registered Agen
Domestication	Revocation of Dissolution
Other CORP	Merger Conversion
_ LLLP	Amended and restated A
	XStatement of Authority
OTHER FILINGS	
	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE: _	OTHER

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

COVER LETTER

TO: Registration Section Division of Corpor			
	evelopment Company,	LLC	
SUBJECT:	Name of Li	mited Liability Cor	npany
Dear Sir or Madam:			
The enclosed Statement of A	Nuthority and fee(s) are	submitted for filing	,
Please return all correspond	ence concerning this ma	atter to the following	g:
Peter J. Snyder, Esq.			
Na	me of Person		_
Peter J. Snyder, P.A.			
Fin	n/Company		_
7301-A W. Palmetto Park F	toad #100a		
F	Address		
Boca Raton, FL 33433			
City/State	and Zip Code		_
psnyder@ławinboca.com			
E-mail address: (to	be used for future annu	ual report notification	on)
For further information cond	erning this matter, plea	se call:	
Amy Girouard		561 at (322-3332
Name of I	erson	Area Code	Daytime Telephone Number
Mailing Addres	s <u>s:</u>		Street Address:
Registration Sec			Registration Section
Division of Cor	porations		Division of Corporations
P.O. Box 6327			The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

authority:	o section 605.0302(1), Florida Statutes, t				ement o	ſ
FIRST: '	The name of the limited liability company	y is:	evelopment Company, LLC	<u> </u>		—
SECOND	: The Florida Document Number of the	limited liability cor	npany is:			
	The street address of the limited liability 8089 Twin Lake Drive	company's princip	al office is:			
1	Boca Raton, FL 33496			TALLA	2023 SI	1"
-	The mailing address of the limited liabil	lity company's princ		AHASSEE, FI	2023 SEP - 1 PM 3: 2	
- -	Boca Raton, FL 33496			Sikit LORIDA	3: 23	مم
position o person on	I: This statement of authority grants or s f a person in a company, whether as a methe following: . May execute an instrument transferring a. Granted to: Parcel ID #: 00-41-47-14-03	ember, transferce, m	nanager, officer or otherwis	se or to a s	tus or specific	
	b. No authority granted to: N/	Α	_			
2	. May enter into other transactions on a. Granted to:			 ipany. 		
	b. No authority granted to: No	Λ		_ _ _		
Alga.	R Brownskan		Liza Rowen Brosnahan			
Signature	•	g Fee: \$25.00 fied Copy: \$30.00	Typed or printed name (optional)	of signat	ure	

CR2E138 (2/14)