

L03 000000 9622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

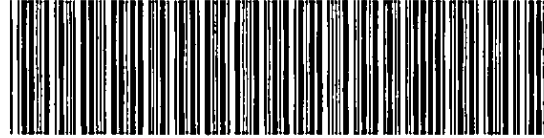
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE HAZE WINWARD PROPERTIES, 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:

DAVID SCHROEDERS

Name of Manager

CAPE HAZE WINWARD PROPERTIES, LLC

Name of Company

141 Pond Cypress Road

Address of Company

Venice, FL 34292

City/State and Zip Code

clavids@bluesky.solargroup.com

E-mail Address of Manager

For further information concerning this matter, please call:

Anne Whitmarsh 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

FILED

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

APR 11 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FL

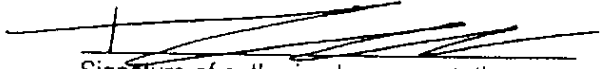
STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 5 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: **CAPE HAZE WINWARD PROPERTIES, LLC**
- SECOND:** The Florida Document Number of the limited liability company is: **L03000009622**
- THIRD:** The street address of the limited liability company's principal office is: **141 Pond Cypress Road, Venice, FL 34292**
- The mailing address of the limited liability company's principal office is: **141 Pond Cypress Road, Venice, FL 34292**
- 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: **DAVID SCHROEDERS**, 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: **DAVID SCHROEDERS**, as Manager.
 - b. No authority granted to:

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


Signature of authorized representative

DAVID SCHROEDERS, as Manager
Printed name and position title

STATE OF

COUNTY OF Sarasota

The foregoing instrument was acknowledged before me by means of ☒ physical presence or _____
online notarization, this 5 day of April, 2022 by **DAVID SCHROEDERS**, as Manager of
CAPE HAZE WINWARD PROPERTIES, LLC, a Florida limited liability company, who is/are personally
known to me or who has/have produced _____ as identification and who did take an oath.

Catherine Pighini
Notary Public, State of Florida

My Commission Expires: November 22, 2023
(Seal)

