

LA30000 20973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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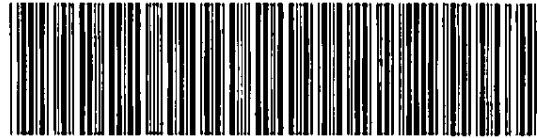
(Business Entity Name)

(Document Number)

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Statement
of
Authority

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TARDIFF RENOVATIONS, 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:

ALFRED J. TARDIFF

Name of Manager

TARDIFF RENOVATIONS, LLC

Name of Company

7692 SW Albritton St.

Address of Company

Arcadia, FL 34266

City/State and Zip Code

wdw901@aol.com

E-mail Address of Manager

For further information concerning this matter, please call:

Alison Marsicovetere at 941-627-1000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20091212 PM 1:12

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

FILED
CLERK OF COURT
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STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 9 day of August, 2020, 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: **TARDIFF RENOVATIONS, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L03000020973**

THIRD: The street address of the limited liability company's principal office is: **7692 SW Albritton St., Arcadia, FL 34266**

The mailing address of the limited liability company's principal office is: **7692 SW Albritton St., Arcadia, FL 34266**

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: **ALFRED J. TARDIFF**, as Manager and **KATHERINE J. TARDIFF**, as Manager, each of whom may act unilaterally on behalf of 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 without the joinder of any other 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: **ALFRED J. TARDIFF**, as Manager and **KATHERINE J. TARDIFF**, as Manager, each of whom may act unilaterally on behalf of and bind the company without the joinder of the other.
 - b. No authority granted to:

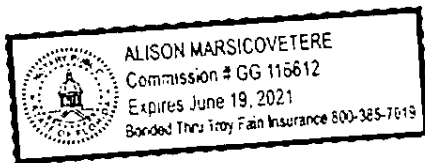
The undersigned does hereby certify the accuracy of the statements set forth herein.

Alfred J. Tardiff
Signature of authorized representative

ALFRED J. TARDIFF, as Manager
Printed name and position title

STATE OF FL
COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this day of August, 2020, by **ALFRED J. TARDIFF**, as Manager of **TARDIFF RENOVATIONS, LLC**, a Florida limited liability company who is personally known to me or who has produced FL DL as identification and who did take an oath.



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

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

Katherine J. Tariff
Signature of authorized representative

KATHERINE J. TARDIFF, as Manager
Printed name and position title

STATE OF OH
COUNTY OF Lucas

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 8th day of August, 2020, by **KATHERINE J. TARDIFF**, as Manager of **TARDIFF RENOVATIONS, LLC**, a Florida limited liability company who is personally known to me or who has produced ID as identification and who did take an oath.

[Signature]
Notary Public, State of
My Commission Expires: 12/30/2023
(Seal)



DONNESHA WILLIAMS
Notary Public, State of Ohio
My Comm. Expires 12/30/2023