

LO3000037678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

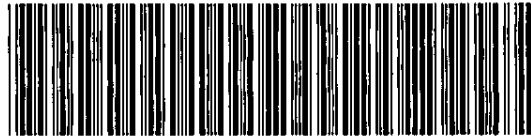
(Business Entity Name)

(Document Number)

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**CORPORATE  
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**WALK IN**

**PICK UP:** 2/20 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** Statement of Authority \_\_\_\_\_

1. **LB Lucarno, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

National

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: LB Lucarno, LLC

SECOND: The street address of the limited liability company's principal office is:

9130 Galleria Court, Suite 200  
Naples, Florida 34109

The mailing address of the limited liability company's principal office is:

9130 Galleria Court, Suite 200  
Naples, Florida 34109

THIRD: 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:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Mark D. Wilson  
Stephen G. Wilson

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: Mark D. Wilson  
Stephen G. Wilson

b. No authority granted to: \_\_\_\_\_

14 FEB 20 AM 09:21  
STATE  
TALLAHASSEE  
FILED

*Jeff Novatt, Esq.*  
Signature of authorized representative

Jeff Novatt, Esq.  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)