

163000049875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

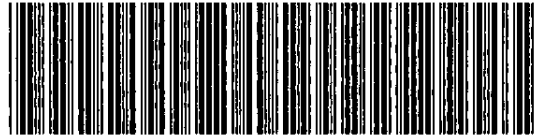
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 04 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8 COUSINS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Moorey

\_\_\_\_\_  
Name of Person

Attorney at law

\_\_\_\_\_  
Firm/Company

1430 Royal Palm Square Blvd., #105

\_\_\_\_\_  
Address

Fort Myers, FL 33919

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas E. Moorey

at (

239

275-5005

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

CR2E138 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 8 COUSINS, LLC

SECOND: The Florida Document Number of the limited liability company is: L03000049875

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

1318 VIA PORTOFINO

NAPLES, FLORIDA 34108

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

1318 VIA PORTOFINO

NAPLES, FLORIDA 34108

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:

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

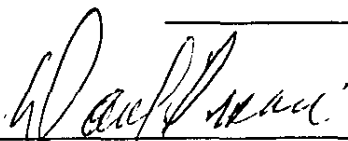
a. Granted to: DONATO PISANI, Trustee of the Donato Pisani  
Trust Agreement dated April 14, 2004

b. No authority granted to: MARK ALEXANDER

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

a. Granted to: DONATO PISANI, Trustee of the Donato Pisani  
Trust Agreement dated April 14, 2004

b. No authority granted to: MARK ALEXANDER

  
Signature of authorized representative

DONATO PISANI, Trustee of the  
Typed or printed name of signature  
Donato Pisani Trust Agreement  
dated April 14, 2004

MARK ALEXANDER  
Typed or printed name

  
Signature of authorized representative

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