

RC4000009391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

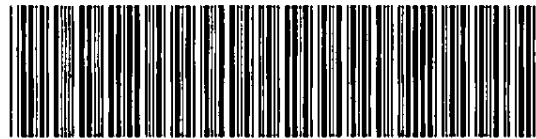
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kingsgate 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:

Victoria McKune

Name of Person

Kingsgate LLC

Firm/Company

P.O. Box 33155

Address

Indianapolis, FL 32903

City/State and Zip Code

jan.jennings@homevestors.com

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

For further information concerning this matter, please call:

Victoria McKune

Name of Person

at (321)

Area Code

321

266-0065

Daytime Telephone Number

757-3270

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# 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: Kingsgate LLC

**SECOND:** The Florida Document Number of the limited liability company is: L04000008391

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

521B N. Harbor City Blvd.

Melbourne, FL 32935

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

P.O. Box 33155

Indialantic, FL 32903

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**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: Theonimfi Rickard

b. No authority granted to: ~~Theonimfi Rickard~~ *bm*

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

a. Granted to: Theonimfi Rickard

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

\_\_\_\_\_  
Signature of authorized representative

*Victoria McKune*  
Victoria McKune, Managing Member

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)