

L040000020239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

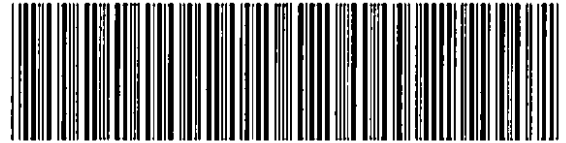
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLARIS FLORIDA, LLC, a Florida limited liability company
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:

MARC KAPLOVITZ and ZAMI RAM

Name of Manager

SOLARIS FLORIDA, LLC, a Florida limited liability company

Name of Company

13991 Binghampton Drive

Address of Company

FT Myers, FL 33905

City/State and Zip Code

mskaplovitz@gmail.com; zami@equix.com

E-mail Address of Manager

For further information concerning this matter, please call:

THE BIG W LAW FIRM 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

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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

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 29 day of December, 2023, 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: **SOLARIS FLORIDA, LLC**, a Florida limited liability company.

SECOND: The Florida Document Number of the limited liability company is: **L04000020239**

THIRD: The street address of the limited liability company's principal office is: **13991 Binghampton Drive, FT Myers, FL 33905**

The mailing address of the limited liability company's principal office is: **13991 Binghampton Drive, FT Myers, FL 33905**

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: **MARC KAPLOVITZ**, as Manager and **ZAMI RAM**, as Manager, any of whom may sign on behalf of and bind the company unilaterally without the joinder of any 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 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: **MARC KAPLOVITZ**, as Manager and **ZAMI RAM**, as Manager, any of whom may sign on behalf of and bind the company unilaterally without the joinder of any other.
 - b. No authority granted to:

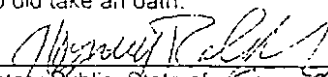
The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

MARC KAPLOVITZ, as Manager
Printed name and position title

STATE OF Florida
COUNTY OF Lee

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 29 day of December, 2023, by MARC KAPLOVITZ, as Manager of SOLARIS FLORIDA, 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.


Notary Public, State of Florida
My Commission Expires: 10/19/2027
(Seal)



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

[Signature]
Signature of authorized representative

ZAMI RAM, as Manager
Printed name and position title

STATE OF Ohio
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 27 day of December, 2023, by ZAMI RAM, as Manager of SOLARIS FLORIDA, LLC, a Florida limited liability company who is personally known to me or who has produced Ohio Driver's License as identification and who did take an oath.

License

[Signature]
Notary Public, State of Ohio
My Commission Expires:
(Seal) 7-5-2025



DENISE ALMEIDA
Notary Public, State of Ohio
Commission No. 2015-RE-536298
My Commission Expires
July 5, 2025

2024 JAN 11 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL