## 204000032829

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## BERNTSSON, ITTERSAGEN, GUNDERSON & WIDEIKIS, LLP THE BIG W LAW FIRM

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1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FLORIDA 34223 PHONE: (941) 474-7713 TELEFAX (941) 474-8276 E-MAIL

Reply To:

Port Charlotte

March 16, 2016

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE:

L04000032769 - Risksome, LLC

L04000032829 - Riskall, LLC

To Whom it May Concern;

Enclosed you will find our check number 106048 in the amount of \$50.00 along with a Cover Letter and Statement of Authority for the above referenced matters.

Please let me know if you need anything further.

Sincerely,

Rebecca Koehler Real Estate Assistant

Enclosures 20160306

## **COVER LETTER**

~	n of Corporations
SUBJECT:	RISKALL, LLC
	Name of Limited Liability Company

Dear Sir or Madam:

TO: Registration Section

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:

RISKSOME, LLC
Name of Manager
RISKALL, LLC
Name of Company
8017 Weyers Ct.
Address of Company
Englewood, FL 34224
City/State and Zip Code
·
Isengineering@yahoo.com
F-Meil Address of Manager

For further information concerning this matter, please call:

Jessica Dull 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

Form Identification CR2E138 (2/14)

This Instrument Prepared by & Return to:
John L. Wideikis
Berntsson, Ittersagen, Gunderson & Wideikis, LLP
THE BIG W LAW FIRM
18401 Murdock Circle, Suite C
Port Charlotte, FL 33948



## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this <u>/ // // </u>day of March, 2016, 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: RISKALL, LLC

SECOND: The Florida Document Number of the limited liability company is: L04000032829

THIRD: The street address of the limited liability company's principal office is: 8017 Weyers Ct., Englewood, FL 34224

The mailing address of the limited liability company's principal office is: 8017 Weyers Ct., Englewood, FL 34224

**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: RISKSOME, LLC\_\_\_, as Manager.
  - 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: RISKSOME, LLC as Manager.
- b. No authority granted to:

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

Signature of authorized

Representative

MARY E. SPRAGUE,

as Manager of RISKSOME, LLC
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 14 may of March, 2016, by MARY E. SPRAGUE, as Manager of RISKSOME, LLC, a Florida limited liability company, who is personally known to me, or who has provided drivers, to establish his or her identity to me.

Print Name: Joan Notary Public

My commission expires:



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