

L040000 71593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

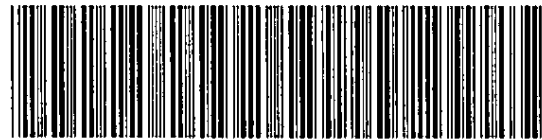
(Business Entity Name)

(Document Number)

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SECTION 17.1

ONS

2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ISLESCAPE, LLC**
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:

PETER QUARLES
Name of Manager

ISLESCAPE, LLC
Name of Company

1560 Hillview Drive
Address of Company

Sarasota, FL 34239
City/State and Zip Code

QUARLES PETER@gmail.com
E-Mail Address of Manager

For further information concerning this matter, please call:

Cynthia M. Ehlke 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

This Instrument Prepared by & Return to:
John L. Wideikis
WIDEIKIS, BENEDICT & BERNTSSON, LLC
THE BIG W LAW FIRM
3195 S. Access Road
Englewood, FL 34224

FILED
17 OCT 16 AM 11:49
CLERK OF COURT
JANICE H.

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 9th day of October, 2017, 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: **ISLESCAPE, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L04000071593**

THIRD: The street address of the limited liability company's principal office is: **1560 Hillview Drive, Sarasota, FL 34239**

The mailing address of the limited liability company's principal office is:
1560 Hillview Drive, Sarasota, FL 34239

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.

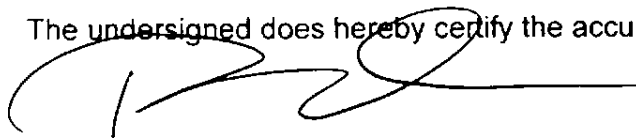
- a. Granted to **PETER QUARLES**, as Manager.
- b. No authority granted to:

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: **PETER QUARLES**, as Manager.
- b. No authority granted to:


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



Signature of authorized representative

PETER QUARLES, Manager
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 9th
day of October, 2017, by **PETER QUARLES**, who is personally known to me,
or who has provided FL.D.L.C., to establish his or her identity to me.



Print Name: David Haynes
Notary Public
My commission expires:

[SEAL]



DAVID HAYNES
MY COMMISSION # FF 176374
EXPIRES: November 22, 2018
Bonded Thru Budget Notary Services