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*Reply To:* Port Charlotte

October 4, 2016

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

RE: Walsh Florida Properties, L.L.C.

To Whom it May Concern;

Enclosed you will find our check number 1012827 in the amount of \$25.00 along with a Cover Letter and Statement of Authority for the above referenced matters.

Please let me know if you need anything further.

Sincerely,



Jeanette B. Goff  
Real Estate Assistant

Enclosures  
20161246

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WALSH FLORIDA PROPERTIES, L.L.C.  
*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:

BARBARA L. WALSH

*Name of Manager*

WALSH FLORIDA PROPERTIES, L.L.C.

*Name of Company*

1546 W. Mt. Vernon Road

*Address of Company*

Mount Vernon, IA 52314

*City/State and Zip Code*

iowasleepdoc@yahoo.com

*E-Mail 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

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

FILED  
2016 OCT 2 A 10:30  
SECRETARY OF STATE  
TAMPA, FLORIDA

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28<sup>TH</sup> day of SEPT., 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: **WALSH FLORIDA PROPERTIES, L.L.C.**

**SECOND:** The Florida Document Number of the limited liability company is: **L04000079654**

**THIRD:** The street address of the limited liability company's principal office is: **1546 W. Mt. Vernon Road, Mount Vernon, IA 52314**

The mailing address of the limited liability company's principal office is: **1546 W. Mt. Vernon Road, Mount Vernon, IA 52314**

**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: BARBARA L. WALSH, 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: BARBARA L. WALSH, as Manager.
- b. No authority granted to:

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

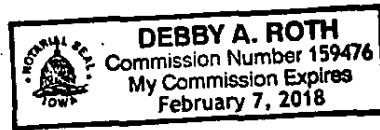
Barbara L. Walsh, Manager  
Signature of authorized representative

BARBARA L. WALSH, Member & Manager  
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 28<sup>TH</sup> day of SEPTEMBER, 2016, by BARBARA L. WALSH, who is personally known to me, or who has provided DRIVERS LICENSE, to establish his or her identity to me.

Debby A Roth  
Print Name: \_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

[SEAL]



FILED  
2016 OCT 2 A 10:30  
TREASURY OF STATE  
TALLAHASSEE FLORIDA