

LD40000689581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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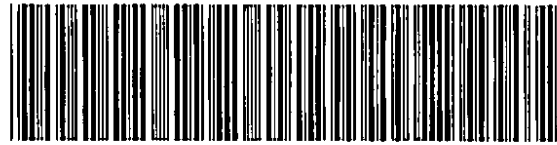
(Business Entity Name)

(Document Number)

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17 JUL 17 PM 2:39
DIVISION OF CORPORATIONS

W. SIMMONS
JUL 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **POLK FAMILY, 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:

CHARLES M. POLK, III
Name of Manager

POLK FAMILY, LLC
Name of Company

134 Northshore Terrace
Address of Company

Charlotte Harbor, FL 33951
City/State and Zip Code

Cmpolk60@aol.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
Berntsson, Ittersagen, Gunderson & Wideikis, LLP
THE BIG W LAW FIRM
18401 Murdock Circle, Suite C
Port Charlotte, FL 33948

FILED
17 JUL 17 PM 2:38
DIVISION OF COURT CLERKS

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 27 day of June, 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: **POLK FAMILY, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L04000089581**

THIRD: The street address of the limited liability company's principal office is: **134 Northshore Terrace, Charlotte Harbor, FL 33980**

The mailing address of the limited liability company's principal office is:
134 Northshore Terrace, Charlotte Harbor, FL 33980

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 **CHARLES M. POLK, III**, as Manager.
- b. No authority granted to:

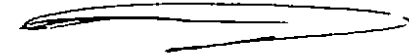
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or

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: **CHARLES M. POLK, III**, as Manager.
- b. No authority granted to:

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17 JUL 17 PM 2:39
DIVISION OF REVENUE


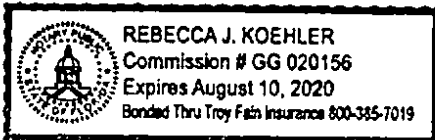
The undersigned does hereby certify the accuracy of the statements set forth herein.



Signature of authorized representative

CHARLES M. POLK, III, Manager
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 27 day of June, 2017, by **CHARLES M. POLK, III**, who is personally known to me, or who has provided RDL, to establish his or her identity to me.



Print Name:
Notary Public
My commission expires:

[SEAL]