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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

6111 GILLOT 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:

IRENE PINARD AND ARMAND PINARD

Name of Manager

6111 GILLOT LLC

Name of Company

12430 MINOT AVENUE

Address of Company

PORT CHARLOTTE, FLORIDA 33981

City/State and Zip Code

irenepinard@yahoo.com

E-Mail Address of Manager

For further information concerning this matter, please call:

Katrina Rydzenski 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 Wideikis, Benedict & Berntsson, LLC THE BIG W LAW FIRM 3195 S. Access Road Englewood, FL 34224



STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes,	this limited liab	ility company subm	nits the following
statement of authority on this 27	day of <u></u> ১০∧	<u>.</u> , 20 <u>∂4</u>	and same shall
be effective for a period of five (5) year	rs from the dat	e of this Statemen	it unless sooner
terminated as so permitted by law:			

FIRST: The name of the limited liability company is: 6111 GILLOT LLC

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

L05000087818

THIRD: The street address of the limited liability company's principal office is:

12430 MINOT AVENUE, PORT CHARLOTTE, FLORIDA 33981

The mailing address of the limited liability company's principal office is: 12430 MINOT AVENUE, PORT CHARLOTTE, FLORIDA 33981

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 IRENE PINARD AND ARMAND PINARD, as Manager, whom may act unilaterally on behalf of and bind the company 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 without the joinder of any other 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: **IRENE PINARD AND ARMAND PINARD**, as Managers, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

 b. No authority g 	granted	to:		

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

IRENE PINARD, Manager Printed name and position title The foregoing instrument was acknowledged before me by means of physical presence or ___ online notarization, this 11 day of _____ IRENE PINARD, who is personally known to me, or who has provided Anna DL., to establish their identity to me. ⁵rint Name: KAYLEE R. WALLS Netary Public Commission # HH 534670 My commission expires: Expires June 4, 2028 [SEAL] ARMAND PINARD, Manager Signature of authorized representative Printed name and position title The foregoing instrument was acknowledged before me by means of very physical presence or ____ online notarization, this <u>21</u> day of <u>June</u> _____, <u>20 24</u>, by ARMAND PINARD, who is personally known to me, or who has provided Flonda PL___, to establish their identity to me.

> Print Name:__ Notary Public

My commission expires:

[SEAL]

KAYLEE R. WALLS Commission # HH 534670

Expires June 4, 2028