

**L05000 122146**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

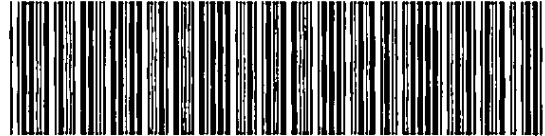
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**900354386719**

11/02/20--01010--007 ++25.00

2020 . . 2 PM 12:34

*Stmt Auth*

DEC 11 2020

I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOWNS HOLDING, LLC, a Florida limited liability company

*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:

ANTHONY E. TOWNS

*Name of Manager*

TOWNS HOLDING, LLC, a Florida limited liability company

*Name of Company*

7341 Sawyer Circle

*Address of Company*

Port Charlotte, FL 33981

*City/State and Zip Code*

*E-mail Address of Manager*

For further information concerning this matter, please call:  
Kelly Wise at

**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 and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

2020  
10/22 PM 12:34

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28 day of October, 2020, 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: **TOWNS HOLDING, LLC, a Florida limited liability company**

**SECOND:** The Florida Document Number of the limited liability company is: **L05000122146**

**THIRD:** The street address of the limited liability company's principal office is: **7341 Sawyer Circle, Port Charlotte, FL 33981**

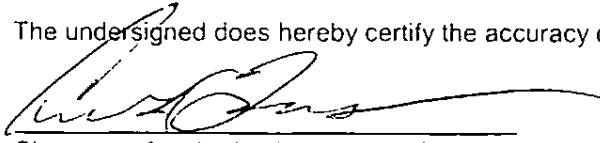
The mailing address of the limited liability company's principal office is: **7341 Sawyer Circle, Port Charlotte, FL 33981**

**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: **ANTHONY E. TOWNS AND KATRINA M. TOWNS** as Managers, either of which may unilaterally sign and bind the company without the joinder of the 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 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: **ANTHONY E. TOWNS AND KATRINA M. TOWNS** as Managers, either of which may unilaterally sign and bind the company without the joinder of the other.

b. No authority granted to:

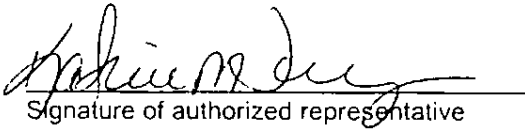
The undersigned does hereby certify the accuracy of the statements set forth herein.



Signature of authorized representative

ANTHONY E. TOWNS, as Manager

Printed name and position title



Signature of authorized representative

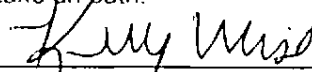
KATRINA TOWNS, as Manager

Printed name and position title

STATE OF FLORIDA

COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of X physical presence or    online notarization, this 28 day of October, 2020 by ANTHONY E. TOWNS AND KATRINA TOWNS, MANAGERS OF TOWNS HOLDING, LLC, a Florida limited liability company who is personally known to me or who has produced    as identification and who did take an oath.



Notary Public, State of Florida

My Commission Expires:

(Seal)

