

LD600000 3744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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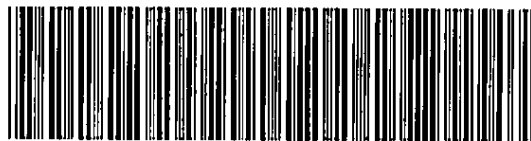
(Business Entity Name)

(Document Number)

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JUL 12 PM 7:12  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

JUL 20 2019  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **TARPON TALES INVESTMENT, 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:

**WILLIAM E. YORK**  
*Name of Manager*

**TARPON TALES INVESTMENT, LLC**  
*Name of Company*

**200 Seabreeze Court**  
*Address of Company*

**Boca Grande, Florida 33921**  
*City/State and Zip Code*

**bill@vseal.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

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

CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

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ALACHUA COUNTY, FLORIDA

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 25<sup>th</sup> day of August, 2019, 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: **TARPON TALES INVESTMENT, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L06000003744**

**THIRD:** The street address of the limited liability company's principal office is:  
**200 Seabreeze Court, Boca Grande, Florida 33921**

The mailing address of the limited liability company's principal office is:  
**5800 Gulf Shores Drive, Unit #10; P.O. Box 2342  
Boca Grande, Florida 33921**

**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 **WILLIAM E. YORK**, 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: **WILLIAM E. YORK**, as Manager.
- b. No authority granted to:

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

*W. E. York*  
Signature of authorized representative

**WILLIAM E. YORK, Manager**  
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 25<sup>th</sup> day of June, 2019, by **WILLIAM E. YORK**, who is personally known to me, or who has provided driver's license to establish their identity to me.

*Peggy F Lee*  
Print Name: Peggy F Lee  
Notary Public  
My commission expires:

[SEAL]

