

LO6000052789

(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:

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 120210000160 Amount: \$ 55.00
Authorization Signature: *Jan Fuller*
FIRST CZ REAL ESTATE, LLC L06000052789
Business Document #

☐ Walk in
☐ Pick up time _____

☐ Mail out ☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/
☐ Merger
☐ **Conversion**
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

APOSTIL
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☒ Statement of AUTHORITY
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST CZ REAL ESTATE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAUREEN AUGHTON, ESQ.

Name of Person

AUGHTON LAW FIRM, PA

Firm/Company

5660 STRAND COURT

Address

NAPLES, FL 34110

City/State and Zip Code

maughton@aughtonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Aughton	239	919-5436
Name of Person	at (Area Code)	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: FIRST CZ REAL ESTATE, LLC

SECOND: The Florida Document Number of the limited liability company is: LO6000052789

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

3725 BONITA BEACH RD

BONITA SPRINGS, FL 34134 US

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

PO BOX 1658

BONITA SPRINGS, FL 34133 US

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:

1. May execute an instrument transferring real property held in the name of the company.


a. Granted to: DAN MATOUSEK


b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: DAN MATOUSEK

b. No authority granted to: _____


Signature of authorized representative


Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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STATE OF FLORIDA
TALLAHASSEE

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