

LO7000055743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

D. SCOTT

DEC 8 2015

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Reply To: Port Charlotte

December 2, 2016

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: L07000055743 – Hidden Cove, LLC

To Whom it May Concern;

Enclosed you will find our check number 101684 in the amount of \$25.00 along with a Cover Letter and Statement of Authority for the above referenced matters.

Please let me know if you need anything further.

Sincerely,

Jessica Dull
Real Estate Assistant

Enclosures
2016-5192JLW

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIDDEN COVE, 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:

DEAN L. BECKSTEAD

Name of Manager

HIDDEN COVE, LLC

Name of Company

7092 Placida Rd.

Address of Company

Placida, FL 33946

City/State and Zip Code

DLBECKSTEAD@COMCAST.NET

E-mail Address of Manager

For further information concerning this matter, please call:

Susan Burke 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

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TALLAHASSEE, FLORIDA

This instrument Prepared By and Return To:
Bertsson, Ittersagen, Gunderson & Wideikis, LLP
THE BIG W LAW FIRM
John L. Wideikis, Esq.
18401 Murdock Circle, Suite C
Port Charlotte, FL 33948-1088

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 30th day of November, 2016, 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: **HIDDEN COVE, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L07000055743**

THIRD: The street address of the limited liability company's principal office is: **7092 Placida Rd., Placida, FL 33946**

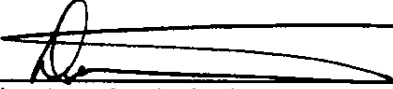
The mailing address of the limited liability company's principal office is: **7092 Placida Rd., Placida, FL 33946**

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: **DEAN L. BECKSTEAD**, 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: **DEAN L. BECKSTEAD**, as Manager.
 - b. No authority granted to:

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TALLAHASSEE, FLORIDA

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

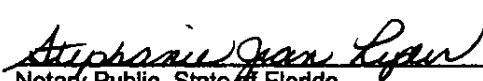

Signature of authorized representative

DEAN L. BECKSTEAD, as Manager
Printed name and position title

STATE OF FLORIDA

COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this 30th day of November, 2016
by DEAN L. BECKSTEAD, as Manager of HIDDEN COVE, 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: 2/15/20
(Seal)



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TALLAHASSEE, FLORIDA