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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

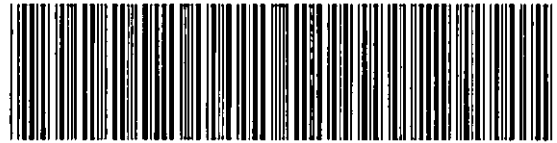
\_\_\_\_\_  
(Business Entity Name)

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

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

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATURAL PORT, 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:

HECTOR L. GRINSZPUN and VIVIANA E. DURAN  
*Name of Manager*

NATURAL PORT, LLC, a Florida limited liability company  
*Name of Company*

1990 NE 163rd St, Suite 205  
*Address of Company*

Miami, FL 33162  
*City/State and Zip Code*

FLORIDABANKOWN@gmail.com  
*E-mail Address of Manager*

For further information concerning this matter, please call:

Jill Richardson 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

CERTIFIED TO BE A TRUE &  
EXACT COPY OF ORIGINAL

  
Jill Richardson

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

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 12 day of November, 2024, 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: **NATURAL PORT, LLC, a Florida limited liability company**

**SECOND:** The Florida Document Number of the limited liability company is: **L07000092652**

**THIRD:** The street address of the limited liability company's principal office is: **1990 NE 163rd St, Suite 205, Miami, FL 33162**

The mailing address of the limited liability company's principal office is: **1990 NE 163rd St, Suite 205, Miami, FL 33162**

**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: **HECTOR L. GRINSZPUN, as Manager, and AND VIVIANA E. DURAN, 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: **HECTOR L. GRINSZPUN, as Manager, and AND VIVIANA E. DURAN, as Manager.**

- b. No authority granted to:

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MIAMI, FLORIDA  
5:27 PM

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

Hector L. Grinszpun

Signature of authorized representative

HECTOR L. GRINSZPUN, as Manager

Printed name and position title

STATE OF

Florida

COUNTY OF

Miami Dade

The foregoing instrument was acknowledged before me by means of ✓ physical presence or    online notarization, this 12 day of November, 2024, by HECTOR L. GRINSZPUN, as Manager of NATURAL PORT, LLC, a Florida limited liability company who is personally known to me or who has produced as identification and who did take an oath.



Swanee Nunez  
Comm.: HH 370740  
Expires: March 8, 2027  
Notary Public - State of Florida

[Signature]  
Notary Public, State of  
My Commission Expires:  
(Seal)



Signature of authorized representative

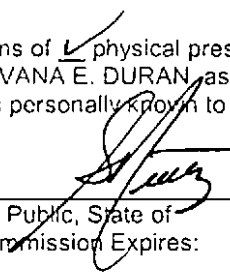
VIVANA E. DURAN, as Manager  
Printed name and position title

STATE OF Florida  
COUNTY OF Miami Dade

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of November, 2024, by VIVANA E. DURAN, as Manager of NATURAL PORT, LLC, a Florida limited liability company who is personally known to me or who has produced as identification and who did take an oath.



Swanee Nunez  
Comm.: HH 370740  
Expires: March 8, 2027  
Notary Public - State of Florida

  
Notary Public, State of  
My Commission Expires:  
(Seal)