

L08000040177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

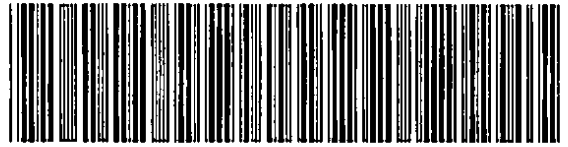
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12/13/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTICIPATING CAPTIVE INCOME FUND, 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:

JAMES W. FIELD

Name of Manager

PARTICIPATING CAPTIVE INCOME FUND, LLC

Name of Company

5621 STRAND BLVD, STE 211C

Address of Company

Naples, FL 34110

City/State and Zip Code

idscorpnaples@gmail.com

E-mail Address of Manager

For further information concerning this matter, please call:

Kendal Canonico at

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL

[Signature]

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

2021 DEC 13 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 7 day of December, 2021, 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: **PARTICIPATING CAPTIVE INCOME FUND, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L08000040177**


THIRD: The street address of the limited liability company's principal office is: **5621 STRAND BLVD, STE 211C, Naples, FL 34110**

The mailing address of the limited liability company's principal office is: **5621 STRAND BLVD, STE 211C, Naples, FL 34110**

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: **JAMES W. FIELD**, as Manager of PCIF MANAGEMENT, LLC, a Florida limited liability company, 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: **JAMES W. FIELD**, as Manager, of PCIF MANAGEMENT, LLC, a Florida limited liability company, as Manager
 - b. No authority granted to:

The undersigned does hereby certify



Signature of authorized representative

Printed name and position title

COUNTY OF Collier

Notary Public, State of FL

My Commission Expires: April 19, 2025
(Seal)



SECRET
TALTA
12-11-77

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.