

U00000037529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

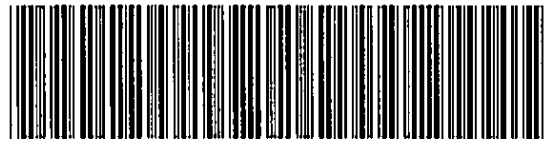
(Business Entity Name)

(Document Number)

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2018 OCT 17 PM 3:34
CLERK OF SUPERIOR COURT
FALL ARIZONA

PRO-CLERK
2018 OCT 15 AM 10:16
FALL ARIZONA

D PRUCE
OCT 27 2018

WIDEIKIS, BENEDICT & BERNTSSON, LLC

THE BIG W LAW FIRM

ATTORNEYS AT LAW

JOHN L. WIDEIKIS
ROBERT C. BENEDICT
ROBERT H. BERNTSSON

NORTH PORT, FLORIDA
PORT CHARLOTTE, FLORIDA
BY APPOINTMENT ONLY

HEADQUARTERS
3195 S. ACCESS ROAD
ENGLEWOOD, FLORIDA 34224
PHONE: (941) 627-1000
EMAIL: AlisonM@bigWlaw.com



333 PARK AVENUE, UNIT 2A
P.O. BOX 483
BOCA GRANDE, FLORIDA 33921
PHONE: (941) 627-1000

September 25, 2018

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

FILED
2018 OCT 17 PM 3:54
STATE OF FLORIDA
TALLAHASSEE

RE: CAPE HAZE RESORT INVESTMENT UNIT 204, LLC

To Whom it May Concern;

Enclosed you will find our check number 16088 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,

A handwritten signature in black ink, appearing to read 'Alison Marsicovetere'. The signature is fluid and cursive, with a large loop at the end.

Alison Marsicovetere

Enclosures
2018-51258jlw

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE HAZE RESORT INVESTMENT UNIT 205, 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:

NORA B. SMITH

Name of Manager

**CAPE HAZE RESORT INVESTMENT UNIT 205, LLC, a Florida limited
liability company**

Name of Company

295 Osprey Point Drive

Address of Company

Osprey, FL 34229

City/State and Zip Code

kenora23@aol.com

E-mail Address of Manager

For further information concerning this matter, please call:

Alison Marsicovetere at 941-627-1000 ext 2005

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

FILED
2010 OCT 17 PM 3:34
TALLAHASSEE, FLORIDA

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 9th day of OCTOBER, 2018, 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: **CAPE HAZE RESORT INVESTMENT UNIT 205, LLC, a Florida limited liability company**

SECOND: The Florida Document Number of the limited liability company is: **L10000037529**

THIRD: The street address of the limited liability company's principal office is: **295 Osprey Point Drive, Osprey, FL 34229**

The mailing address of the limited liability company's principal office is: **295 Osprey Point Drive, Osprey, FL 34229**

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.

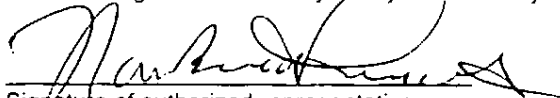
- a. Granted to: **NORA B. SMITH**, as Manager.
- b. No authority granted to:

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: **NORA B. SMITH**, as Manager.
- b. No authority granted to:

FILED
OCT 17 PM 3:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

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


Signature of authorized representative

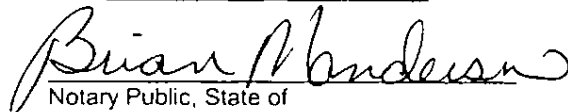
NORA B. SMITH, as Manager
Printed name and position title

State of Florida

County of SARASOTA

The foregoing instrument was acknowledged before me this 9 day of October, 2018, by NORA B. SMITH, MANAGER of CAPE HAZE RESORT INVESTMENT UNIT 205, LLC, a Florida limited liability company who is personally known to me or who has produced FLORIDA DRIVER'S LICENSE as identification and who did take an oath.




Notary Public, State of
My Commission Expires: Sept 23, 2019
(Seal)

FILED
2018 OCT 17 PM 3:04
SARASOTA COUNTY, FLORIDA
CLERK OF COURT