

L10000100975

(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:

Office Use Only



900329210269

05/13/19--01024--001 **25.00

S TALLENT
MAY 29 2019

FILED
2019 MAY 13 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FL

ST. OF
Authority

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNNYE RIDGE SHORES 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:

HAROLD G. LUKAS and NANCY L. LUKAS

Name of Manager

SUNNYE RIDGE SHORES LLC

Name of Company

170 W. Dearborn Street

Address of Company

Englewood, FL 34223

City/State and Zip Code

nanco2000@aol.com

E-mail Address of Manager

For further information concerning this matter, please call:

Jessica Dull at 941-964-1223

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

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC
Robert C. Benedict, Esq.
333 Park Avenue, Unit 2A, PO Box 483
Boca Grande, FL 33921

FILED
2019 MAY 13 AM 10:22
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 8th day of May, 2019, 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: **SUNNYE RIDGE SHORES, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L10000100975**

THIRD: The street address of the limited liability company's principal office is: **170 W. Dearborn Street, Englewood, FL 34223**

The mailing address of the limited liability company's principal office is: **170 W. Dearborn Street, Englewood, FL 34223**

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: **HAROLD G. LUKAS and NANCY L. LUKAS**, 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: **HAROLD G. LUKAS and NANCY L. LUKAS**, as Manager.
- b. No authority granted to:

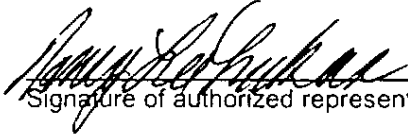
The undersigned does hereby certify the accuracy of the statements set forth herein.



Signature of authorized representative

HAROLD G. LUKAS, as Manager

Printed name and position title



Signature of authorized representative

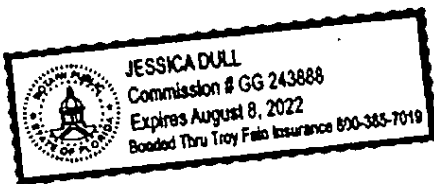
NANCY L. LUKAS, as Manager

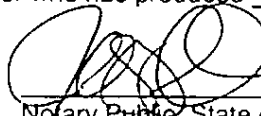
Printed name and position title

State of Florida

County of Lee

The foregoing instrument was acknowledged before me this 8th day of May, 2020, by HAROLD G. LUKAS and NANCY L. LUKAS, as Managers of SUNNYE RIDGE SHORES LLC, a Florida limited liability company who is personally known to me or who has produced State ID as identification and who did take an oath.





Notary Public, State of _____

My Commission Expires:

(Seal)