

L110000 99760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

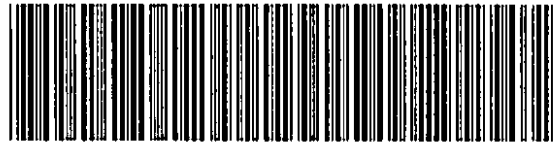
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900343148409

04/24/20--01010--002 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 APR 24 AM 11:36

Statement  
of  
Authority

110000

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARCOSTAR, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul K. Heuerman

Name of Person

Roetzal & Andress, LPA

Firm/Company

850 Park Shore Drive, Third Floor

Address

Naples, FL 34103

City/State and Zip Code

phueberman@galaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul K. Heuerman                      239                      649-6200  
Name of Person                      at (                      )                      Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 APR 26 AM 11:36

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: ARCOSTAR, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L11000099760

**THIRD:** The street address of the limited liability company's principal office is:

4099 TAMiami TRAIL N.

SUITE 300

NAPLES, FL 34103

The mailing address of the limited liability company's principal office is:

4099 TAMiami TRAIL N.

SUITE 300

NAPLES, FL 34103

20 APR 24 AM 11:31

**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:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Federico Hurth, Michaela Giudici Hurth, Nina Lucia Francesca  
Giudici (each of the foregoing has full authority to act independently)

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Federico Hurth, Michaela Giudici Hurth, Nina Lucia Francesca  
Giudici (each of the foregoing has full authority to act independently)

b. No authority granted to: \_\_\_\_\_

Federico Hurth  
Signature of authorized representative

Federico Hurth  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)