

LI1000120859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAY 02 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RAINMAKER GROUP, 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:

Michael Wilson

Name of Manager

RAINMAKER GROUP, LLC

Name of Company

1314 E. Las Olas Blvd., #433

Address of Company

FT Lauderdale, FL 33301

City/State and Zip Code

mwilson@jklc.com

E-mail Address of Manager

For further information concerning this matter, please call:

Peggy Lee 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

INSTR # 2017000085013, Doc Type CER, Pages 2, Recorded 04/20/2017 at 08:58 AM,
Linda Doggett, Lee County Clerk of Circuit Court, Rec. Fee \$18.50 Deputy
Clerk ERECORD

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
17 APR 28 PM 2:02

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 13 day of APRIL, 2017, 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: **RAINMAKER GROUP, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L11000120869**

THIRD: The street address of the limited liability company's principal office is: **1314 E. Las Olas Blvd., #433, FT Lauderdale, FL 33301**

The mailing address of the limited liability company's principal office is: **1314 E. Las Olas Blvd., #433, FT Lauderdale, FL 33301**

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: Michael Wilson, 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 guarantees on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: Michael Wilson, as Manager.
 - b. No authority granted to:

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

Michael Wilson
Signature of authorized representative

Michael Wilson, as Manager
Printed name and position title

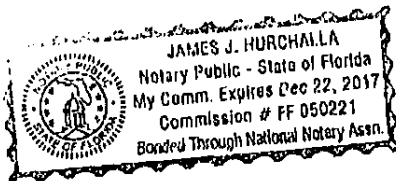
STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 13 day of April, 2017 by MICHAEL WILSON, Manager of RAINMAKER GROUP, LLC, a Florida limited liability company, who is personally known to me or who has produced _____ as identification and who did take an oath.

James J. Hurchalla
Notary Public, State of Florida

My Commission Expires: 12/22/17
(Seal)



17 APR 28 PM 2:02

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

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- a. Granted to: **Michael Wilson, as Manager.**
- b. No authority granted to:

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- a. Granted to: **Michael Wilson, as Manager.**
- b. No authority granted to:

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



Signature of authorized representative

Michael Wilson, as Manager
Printed name and position title

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 13 day of April, 2017 by MICHAEL WILSON, Manager of RAINMAKER GROUP, LLC, a Florida limited liability company, who is personally known to me or who has produced _____ as identification and who did take an oath.


Notary Public, State of Florida
My Commission Expires: 12/22/17
(Seal)

