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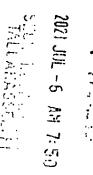
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: DIAS FAMILY HOLDINGS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

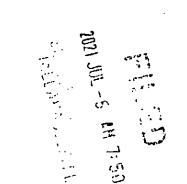
The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

MARY BROWN
Name of Manager
DIAS FAMILY HOLDINGS, LLC
Name of Company
7580 DUNCREST RD
Address of Company
Lake Worth, FL 33467
City/State and Zip Code
marydbrown09@gmail.com
E-mail Address of Manager

For further information concerning this matter, please call:941-627-1000 Ext: 2016

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 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,						
of authority on this <u>2</u> period of five (5) years fron	day of	July-	, 2021	, and same	e shall be effe	ective for a
period of five (5) years fron	i the date	of this Statement	t unless sooner te	rminated as	s so permitted	by law:

FIRST: The name of the limited liability company is: DIAS FAMILY HOLDINGS, LLC., Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L12000068625

THIRD: The street address of the limited liability company's principal office is: 7580 DUNCREST RD, Lake Worth, FL 33467

The mailing address of the limited liability company's principal office is: 7580 DUNCREST RD, Lake Worth, FL 33467

**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:

- 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: MARY BROWN, as Manager, GLENN DIAS, as manager and BRIAN DIAS, as Manager, any of whom can unilaterally sign and bind the company without the joiner of any other.
  - 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: MARY BROWN, as Manager, GLENN DIAS, as manager and BRIAN DIAS, as Manager, any of whom can unilaterally sign and bind the company without the joiner of any other.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy o	f the statements set forth herein.
May Dias Breen	MARY BROWN, as Manager
Signature of authorized representative	Printed name and position title
STATE OF FLORIDA	
COUNTY OF CHARLOTTE	
The foregoing instrument was acknowledge online notarization, this day of	d before me by means ofphysical presence or 2021 by MARY BROWN, as Manager of DIAS company, who is/are personally known to me or who as identification and who did take an oath.  Notan Public, State of My Commission Expires: 1-21-2-21
Notary Public State of Florida  Trifarry Pride  My Commission GG-145473  Expires 09:77-2721	(Seal)  Notary Public State of Florida Tiffany Pride My Commission GG 146478 Expires 08/27 2021
The updersigned does hereby cartify the accuracy o	GLENN DIAS, as Manager Printed name and position title
Maine STATE OF FLORIDA COUNTY OF CHARLOTTE	
The foregoing Instrument was acknowledge online notarization, this <u>A6</u> day of <u>Twee</u> FAMILY HOLDINGS, LLC., Florida limited liability cohas/have produced <u>Newsork</u> (conse	ompany, who is/are personally known to me or who



The undersigned does hereby certify the accuracy o	f the statements set forth herein.  BRIAN DIAS as Manager				
Signature of authorized representative	Printed name and position title				
STATE OF Tennessee					
COUNTY OF DEKAID	,				
The foregoing instrument was acknowledged before me by means of					