

L12000138469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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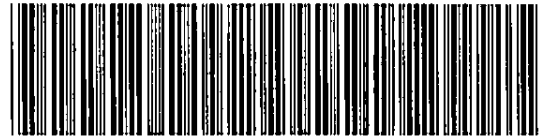
(Business Entity Name)

(Document Number)

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AUG 23 2017

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Reply To: Port Charlotte

August 16, 2017

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

RE: North Port Homes, LLC

To Whom it May Concern;

Enclosed you will find our check number 5988 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".

Alison Marsicovetere
Real Estate Assistant

Enclosures
2017-5956JWC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH PORT HOMES, 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:

AVI WERJUKA

Name of Manager

NORTH PORT HOMES, LLC

Name of Company

P.O. Box 3028

Address of Company

Placida, FL 33946

City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Alison Marisicovetere at 941-627-1000

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 - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

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TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 12 day of August, 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: **NORTH PORT HOMES, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L12000138469**

THIRD: The street address of the limited liability company's principal office is: **P.O. Box 3028, Placida, FL 33946**

The mailing address of the limited liability company's principal office is: **P.O. Box 3028, Placida, FL 33946**

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: **AVI WERJUKA**, as Authorized Person.
 - 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: **AVI WERJUKA**, as Authorized Person.
 - b. No authority granted to:

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



Signature of authorized representative

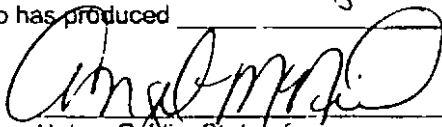
AVI WERJUKA, as Authorized Person

Printed name and position title

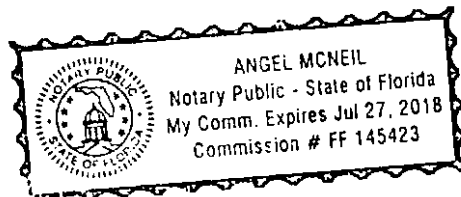
Country of Florida

City/State/County of Sarasota

The foregoing instrument was acknowledged before me this 12 day of August, 2017, by
AVI WERJUKA, who is personally known to me or who has produced as
identification and who did take an oath



Notary Public, State of
My Commission Expires: 7/27/2018
(Seal)



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