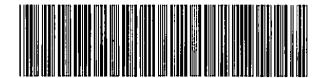
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| (Requ                        | estor's Name)  | )           |
|------------------------------|----------------|-------------|
| (Addre                       | ess)           |             |
| (Addre                       | ess)           | ·           |
| (City/S                      | State/Zip/Phon | ne #)       |
| PICK-UP                      | ☐ WAIT         | MAIL        |
| (Busin                       | ness Entity Na | me)         |
| (Docu                        | ment Number    | )           |
| Certified Copies             | Certificate    | s of Status |
| Special Instructions to Fili | ing Officer:   |             |
|                              |                |             |
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Statement & A

JUN 26 2019 I ALBRITTON

## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SDF 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:

| ANDRE DEQUERVAIN          |
|---------------------------|
| Name of Manager           |
|                           |
| SDF HOLDINGS, LLC         |
| Name of Company           |
| PO Box 3516               |
| Address of Company        |
| Placida, FL 33946         |
| City/State and Zip Code   |
|                           |
| E-mail Address of Manager |

For further information concerning this matter, please call: 941-627-1000 or email Ashley McCraney at ashleym@bigwlaw.com

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



## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this \_\_\_\_\_ day of June, 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: SDF HOLDINGS, LLC, A FLORIDA LIMITED

LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L13000021527

THIRD: The street address of the limited liability company's principal office is: PO Box 3516, Placida, FL 33946

The mailing address of the limited liability company's principal office is: PO Box 3516, 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:

- 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: ESTHER MAISCH, as Manager and ANDRE DEQUERVAIN, as Manager, either of whom may sign and bind the company without the joinder of the 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: ESTHER MAISCH, as Manager and ANDRE DEQUERVAIN, as
     Manager, either of whom may sign and bind the company without the joinder of the
     other.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein. ANDRE DEQUERVAIN, as Manager Signature of authorized representative Printed name and position title STATE OF Florida COUNTY OF Charlotte The foregoing instrument was acknowledged before me this <u>6</u> day of June, 2019 by **ANDRE** identification and who did take an oath. Notary Public, State of My Commission Expires: ASHLEY MCCRANEY (Seal) Commission # GG 257055

Expires October 13, 2022

Bonded Thru Troy Fain Insurance 800-385-7019