

LL3000022388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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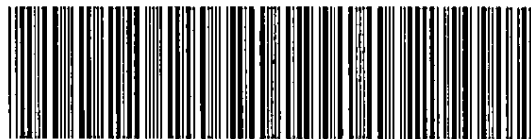
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

J. LEGGETT  
NOV 21 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **LECHAIM NORTH PORT, 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 Authorized Agent*

**LECHAIM NORTH PORT, LLC**  
*Name of Company*

**1058 Tamiami Trail, Suite 108**  
*Address of Company*

**Sarasota, FL 34236**  
*City/State and Zip Code*

**mike1hmp@yahoo.com**  
*E-Mail Address of Manager*

For further information concerning this matter, please call:

Cynthia M. Ehlke 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 & Return to:  
John L. Wideikis  
Berntsson, Ittersagen, Gunderson & Wideikis, LLP  
THE BIG W LAW FIRM  
18401 Murdock Circle, Suite C  
Port Charlotte, FL 33948

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17 NOV 20 AM 10:31  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 8 day of November, 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: **LECHAIM NORTH PORT, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **113000022388**

**THIRD:** The street address of the limited liability company's principal office is: **1058 North Tamiami Trail, Suite 108, Sarasota, FL 34236**

The mailing address of the limited liability company's principal office is:  
**1058 North Tamiami Trail, Suite 108, Sarasota, FL 34236**

**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 Agent.
- 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 Agent.
- b. No authority granted to:

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

*Avi Werjuka*  
Signature of authorized representative

**AVI WERJUKA, Authorized Agent**  
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 8 day of November, 2017, by **AVI WERJUKA**, who is personally known to me, or who has provided \_\_\_\_\_, to establish his or her identity to me.

*Angel McNeil*  
Print Name: Angel McNeil  
Notary Public  
My commission expires: 7/27/18

[SEAL]

