

L13 000110918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

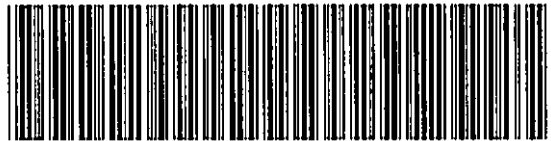
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TALLAHASSEE, FL

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MAR 07 2022

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

Snowy Place LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Gerhardt

Name of Person

Snowy Place LLC

Firm/Company

601 North Congress Ave Suite 415

Address

Delray Beach, FL 33445

City/State and Zip Code

admin@the3factor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Ritter

561

926-0134

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -7 PM 12:11

61
OF STAT.
SEE, FL

February 17, 2022

MARK GERHARDT
601 NORTH CONGRESS AVE
STE. 415
DELRAY BEACH, FL 33445

SUBJECT: SNOWY PLACE, LLC
Ref. Number: L13000110918

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 722A00003994

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Snowy Place LLC

SECOND: The Florida Document Number of the limited liability company is: L13000110918

THIRD: The street address of the limited liability company's principal office is:

601 NORTH CONGRESS AVE

SUITE 415

DELRAY BEACH, FL 33445

The mailing address of the limited liability company's principal office is:

601 NORTH CONGRESS AVE

SUITE 415

DELRAY BEACH, FL 33445

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TALLAHASSEE, FL

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:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Stephanie Ritter

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Stephanie Ritter

b. No authority granted to: _____


Signature of authorized representative

Mark Gerhardt

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)