

L13000165904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

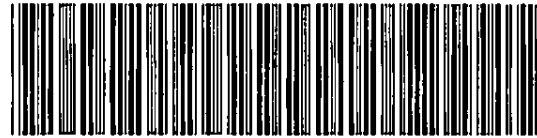
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300318700063

09/27/18--01012--020 **25.00

FILED

2018 SEP 27 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FL

OUT 3 11

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH PORT RENTALS LLC, a Florida limited liability company
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:

NICKOLAS BERBOS

Name of Manager

NORTH PORT RENTALS LLC, a Florida limited liability company

Name of Company

17105 Seashore Ave.

Address of Company

Port Charlotte, FL 33948

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

FILED
2018 SEP 27 PM 12:50
CLERK OF DISTRICT COURT
STATE OF FLORIDA
HALL COUNTY

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 20th day of September, 2018, 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 RENTALS LLC, a Florida limited liability company**

SECOND: The Florida Document Number of the limited liability company is: **L13000165904**

THIRD: The street address of the limited liability company's principal office is: **17105 Seashore Ave., Port Charlotte, FL 33948**

The mailing address of the limited liability company's principal office is: **17105 Seashore Ave., Port Charlotte, FL 33948**

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: **NICKOLAS BERBOS**, as Manager.
- 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: **NICKOLAS BERBOS**, as Manager.
- b. No authority granted to:

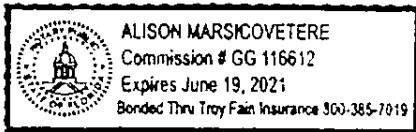
The undersigned does hereby certify the accuracy of the statements set forth herein.

Nick Berbos
Signature of authorized representative

NICKOLAS BERBOS, as Manager
Printed name and position title

State of FL
County of CHARLOTTE

The foregoing instrument was acknowledged before me this 20 day of September, 2018, by NICKOLAS BERBOS, MANAGER of NORTH PORT RENTALS LLC, a Florida limited liability company, who is personally known to me or who has produced FL. D.L. as identification and who did take an oath.



[Signature]
Notary Public, State of _____
My Commission Expires: _____
(Seal)

FILED
2018 SEP 27 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FL