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WIDEIKIS, BENEDICT & BERNTSSON, LLC

THE BIG W LAW FIRM

ATTORNEYS AT LAW

JOHN L. WIDEIKIS ROBERT C. BENEDICT ROBERT H. BERNTSSON

HEADQUARTERS 3195 S. ACCESS ROAD ENGLEWOOD, FLORIDA 34224 PHONE:(941)627-1000 EMAIL: JGoff@BigWLaw.com



June 7, 2017

4301 AIDAN LANE NORTH PORT, FLORIDA 34287 PHONE:(941)627-1000

333 PARK AVENUE, UNIT 2A P.O. BOX 483 BOCA GRANDE, FLORIDA 33921 PHONE:(941)627-1000

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

RE: Gulf Coast Housing Concerpts LLC – L14000000302

To Whom it May Concern;

Enclosed you will find our check number 4212 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.

Jeanette B. Goff

Sincerely;

Real Estate Assistant

Enclosures 2017-5622JWC

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

GULF COAST HOUSING CONCEPTS 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:

JEFFERY S. BERMAN a/k/a JEFFREY S. BERMAN

Name of Manager

GULF COAST HOUSING CONCEPTS LLC

Name of Company

4855 Featherbed Lane

Address of Company

Sarasota, FL 34242

City/State and Zip Code

E-Mail Address of Manager

For further information concerning this matter, please call:

Susan Burke 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

Form Identification CR2E138 (2/14)

This Instrument Prepared by & Return to: John L Wideikis Berntsson, Ittersagen, Gunderson & Wideikis, LLP THE BIG W LAW FIRM 3195 S Access Road Englewood, FL 34224 17 JUN 14 PM 4: 53

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this ______ day of May. 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: GULF COAST HOUSING CONCEPTS LLC

SECOND: The Florida Document Number of the limited liability company is: L14000000302

THIRD: The street address of the limited liability company's principal office is: 4855 Featherbed Lane, Sarasota, FL 34242

The mailing address of the limited liability company's principal office is: 4855 Featherbed Lane, Sarasota, FL 34242

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 **JEFFERY S. BERMAN** a/k/a **JEFFREY S. BERMAN**, 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: JEFFERY S. BERMAN a/k/a JEFFREY S. BERMAN, as

Manager.

b No authority granted to:

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

Signature of authorized representative

JEFFERY S. BERMAN a/k/a JEFFREY
S. BERMAN, Manager

Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this day of May, 2017, by JEFFERY S. BERMAN a/k/a JEFFREY S. BERMAN, who is personally known to me, or who has provided _______, to establish his or her identity to me.

Print Name: ANTONIO COUZACE

Notary Public

My commission expires:

[SEAL]



ANTONIO GONZALEZ
Notary Public, State of Florida
Commission# FF 989175
My comm. expires May 4, 2020

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