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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. GALT  
EXAMINER

SEP 13

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROTUNDA PROPERTIES, 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:

PAUL VIZZACCARO  
*Name of Manager*

Rotunda Properties, LLC  
*Name of Company*

3443 Hancock Bridge Parkway, Suite 301  
*Address of Company*

North Fort Myers, FL 33903  
*City/State and Zip Code*

pvizzaccaro@comcast.net  
*E-Mail Address of Manager*

*mailing:*

*6517 Petko Ct*

*Washington, MI 48074*

For further information concerning this matter, please call:

Jessica Dull 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28 day of June, 2016, 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: **ROTUNDA PROPERTIES, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L14000069849**

**THIRD:** The street address of the limited liability company's principal office is: **3443 Hancock Bridge Parkway, Suite 301, North Fort Myers, FL 33903**

The mailing address of the limited liability company's principal office is: **3443 Hancock Bridge Parkway, Suite 301, North Fort Myers, FL 33903**

**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.

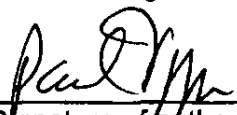
- a. Granted to: PAUL VIZZACCARO, as Manager.
- b. No authority granted to:

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.

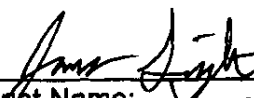
- a. Granted to: PAUL VIZZACCARO, as Manager  
b. No authority granted to:

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

  
\_\_\_\_\_  
Signature of authorized  
Representative

PAUL VIZZACCARO, as Manager  
\_\_\_\_\_  
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 28<sup>th</sup>  
day of June, 2016, by **PAUL VIZZACCARO**, who is personally known to  
me, or who has provided Drivers  
License to establish his or her identity to me

  
\_\_\_\_\_  
Print Name: James Light  
Notary Public

My commission expires: 06/30/2018

[SEAL]

JAMES LIGHT  
Notary Public, State of Michigan  
County of Macomb  
My Commission Expires 06-30-2018  
Acting in the County of Macomb

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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