L40000750 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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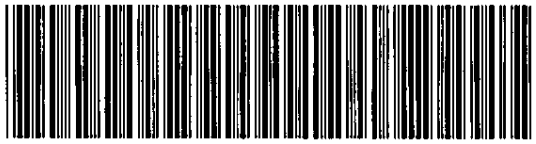

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15 APR 20 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1415 SE 11th ST, 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:

Joshua O. Dorcey
Name of Person

The Dorcey Law Firm PLC
Firm/Company

10181 Six Mile Cypress Pkwy, Ste. C
Address

Fort Myers, FL 33966
City/State and Zip Code

josh@dorceylaw.com
E-mail address: (to be used for future annual report notification)

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2014 DEC 23 AM 09:33

For further information concerning this matter, please call:

Josh Dorcey or Mike Scott at (239) 418-0169
Name of Person — Area Code — Daytime Telephone Number

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

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

NAME OF LLC: 1415 SE 11th ST, LLC

THE FLORIDA LLC DOCUMENT NUMBER: L14000074507

PRINCIPAL OFFICE ADDRESS: 13272 Tall Pine Circle, Fort Myers, FL 33907

MAILING ADDRESS: 13272 Tall Pine Circle, Fort Myers, FL 33907

Below is the authority given to each Member of the LLC. If a Member has unlimited authorization, the option "All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority)" will be selected. A separate sheet of paper will be attached if a Member has been given specific authority to an option not listed in this form.

MEMBERS:

Member #1

NAME: REGO MANAGEMENT, LLC
ADDRESS: 13272 Tall Pine Circle, Fort Myers, FL 33907

FILED

☐ **All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority).**

☐ **He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.**

☐ **He/She has Authority to Purchase Property in the Name of the LLC.**

☐ **He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.**

☐ **He/She has authority to Open Bank Account(s) in Name of the LLC.**

☐ **He/She has authority to Close Bank Account(s) Owned by the LLC.**

☐ **He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (Ex: Vehicles/Equipment).**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/Equipment).**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Supplies.**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Material(s).**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Services.**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.**

☐ **He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.**

☐ **He/She has authority to File Annual Reports with State of Florida.**

☐ **He/She has authority to Amend Annual Reports with State of Florida.**

☐ **He/She has authority to File Statement of Authority(s) with State of Florida.**

☐ **He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.**

☐ **He/She has authority to Amend Articles of Organization.**

MANAGERS

Manager #1

NAME: LYNN C. REGO
SPECIFIC TITLE: MANAGER
ADDRESS: 13272 Tall Pine Circle, Fort Myers, FL 33907

FILED
09 APR 02 AM 8:45

☒ **All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority).**

☐ **He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.**

☐ **He/She has Authority to Purchase Property in the Name of the LLC.**

☐ **He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.**

☐ **He/She has authority to Open Bank Account(s) in Name of the LLC.**

☐ **He/She has authority to Close Bank Account(s) Owned by the LLC.**

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☐ **He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: Vehicles/Equipment).**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Supplies.**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Material(s).**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.**

☐ **He/She has authority to Enter into Contract(s) for the Purchase of Services.**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.**

☐ **He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.**

☐ **He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.**

☐ **He/She has authority to File Annual Reports with State of Florida.**

☐ **He/She has authority to Amend Annual Reports with State of Florida.**

☐ **He/She has authority to File Statement of Authority(s) with State of Florida.**

☐ **He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.**

☐ **He/She has authority to Amend Articles of Organization.**

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05 APR 26 AM 8:35

SPECIFIC RESTRICTIONS

Below are specific restrictions given to a Member, Manager, or Employee.

The individuals below are restricted from the following:

Name: Rego Management, LLC

Restrictions: No Authority.

Name: _____

Restrictions: _____

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

1415 SE 11th ST, LLC;

By: Lynn C Rego

Print Name: LYNN C. REGO

Title: MANAGER