

L14000091350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

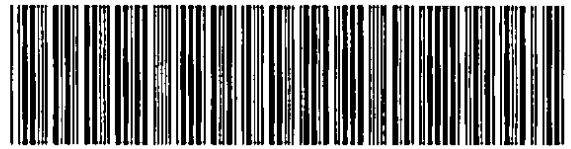
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Statement
of
Authority

DEC 06 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MALONE HOLDINGS GROUP, 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:

TIMOTHY MALONE

Name of Manager

MALONE HOLDINGS GROUP, LLC.

Name of Company

P.O. BOX 3787

Address of Company

Placida, FL 33946

City/State and Zip Code

tmalone@itstraffic.us

E-mail Address of Manager

For further information concerning this matter, please call: 941-627-1000

Tiffany Pride at Ext 2016

STREET/COURIER ADDRESS:

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

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

2021 NOV -1 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 24 day of October, 2021, 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: **MALONE HOLDINGS GROUP, LLC., a Florida Limited Liability Company**

SECOND: The Florida Document Number of the limited liability company is: **L14000091350**

THIRD: The street address of the limited liability company's principal office is: **P.O. BOX 3787, Placida, FL 33946**

The mailing address of the limited liability company's principal office is: **P.O. BOX 3787, Placida, FL 33946**

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: **TIMOTHY MALONE**, 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: **TIMOTHY MALONE**, as Manager.
- b. No authority granted to:

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


Signature of authorized representative

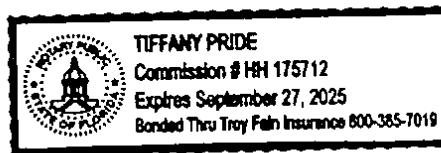
TIMOTHY MALONE, as Manager
Printed name and position title

STATE OF FL

COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 20 day of October, 2021, by TIMOTHY MALONE, of MALONE HOLDINGS GROUP, LLC., A FLORIDA LIMITED LIABILITY COMPANY who is personally known to me or who has produced FL. D.C. Lic. as identification and who did take an oath.


Notary Public, State of
My Commission Expires:
(Seal)



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John L. Wideikis, Esq.
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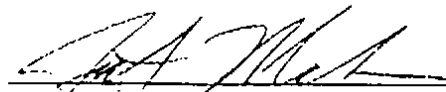
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 - b. No authority granted to:
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 - b. No authority granted to:

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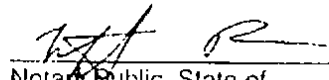

Signature of authorized representative

TIMOTHY MALONE, as Manager
Printed name and position title

STATE OF FL

COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 20 day of October, 2021, by TIMOTHY MALONE, of MALONE HOLDINGS GROUP, LLC., A FLORIDA LIMITED LIABILITY COMPANY who is personally known to me or who has produced FL. Dr. Lic. as identification and who did take an oath.


Notary Public, State of
My Commission Expires:
(Seal)

