

LH000 142027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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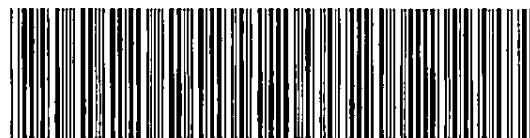
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. WARREN

OCT 04 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 845845 7354150

AUTHORIZATION

COST LIMIT : \$55.00

ORDER DATE : October 3, 2017

ORDER TIME : 3:57 PM

ORDER NO. : 845845-015

CUSTOMER NO: 7354150

DOMESTIC AMENDMENT FILING

NAME: WSR NAPLES SQUARE COMMERCIAL,
LLC

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: WSR NAPLES SQUARE COMMERCIAL, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000142027

THIRD: The street address of the limited liability company's principal office is:

3066 Tamiami Trail N

Suite 201

Naples, Florida 34103

The mailing address of the limited liability company's principal office is:

3066 Tamiami Trail N

Suite 201

Naples, Florida 34103

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:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Anthony Solomon, Lawrence Settanni,

Jeffrey Laliberte

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: _____

b. No authority granted to: _____

Lawrence Settanni
Signature of authorized representative

Lawrence Settanni

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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