

May 18, 2021 12:58PM

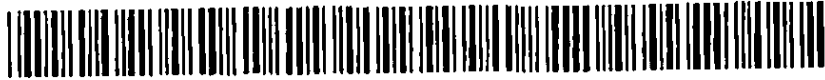
No. 0130 P. 1

L140001988673

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210001988673)))



H210001988673ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GREEN SCHOENFELD & KYLE LLP
Account Number : I20000000177
Phone : (239)936-7200
Fax Number : (239)936-7997

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2021 MAY 18 PM 2:26

SECRETARY OF STATE
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EQUINETY LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

SECRETARY OF STATE
FLORIDA

21 MAY 18 AM 11:35

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature/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: EQUINETY LLC

SECOND: The Florida Document Number of the limited liability company is: L14000164412

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

106 HANCOCK BRIDGE PARKWAY, SUITE D-15 #537

CAPE CORAL, FL 33991

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

106 HANCOCK BRIDGE PARKWAY, SUITE D-15 #537

CAPE CORAL, FL 33991

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.

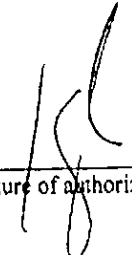
a. Granted to: JOHN A. DOWDY

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: JOHN A. DOWDY

b. No authority granted to: _____


Signature of authorized representative

KEVIN A. KYLE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
21 MAY 18 AM 11:35
OFFICE OF STATE
RECORDS & HISTORY
TALLAHASSEE, FLORIDA