

L14 000190515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

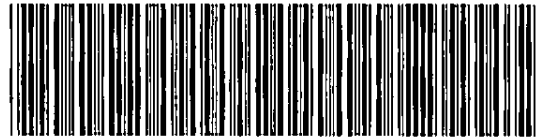
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500329209565

05/13/19--01028--004 \*\*25.00

S TALLENT

MAY 29 2019

2019 MAY 13 AM 11:15  
SECRETARY OF STATE  
TALLER, FL

FILED

Statement  
of  
Authenticity

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **1728 JOSE GASPAR 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:

**ANTHONY MAUCERI**

*Name of Manager*

**1728 JOSE GASPAR LLC**

*Name of Company*

**P. O. Box 505**

*Address of Company*

**Boca Grande, FL 33921**

*City/State and Zip Code*

**parsley-baldwin@comcast.net**

*E-mail Address of Manager*

✓

For further information concerning this matter, please call:

Peggy Lee at 941-964-1223

**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 and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC  
Robert C. Benedict, Esq.  
333 Park Avenue, Unit 2A, PO Box 483  
Boca Grande, FL 33921

FILED  
2019 MAY 13 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 6th day of May, 2019, 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: **1728 JOSE GASPAR, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **47-2558683 L14000190515**

**THIRD:** The street address of the limited liability company's principal office is: **P. O. Box 505, Boca Grande, FL 33921**

The mailing address of the limited liability company's principal office is: **P. O. Box 505, Boca Grande, FL 33921**

**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:

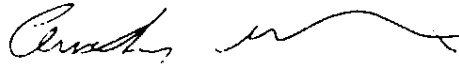
1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **ANTHONY MAUCERI and KIRBY OUTERBRIDGE**, as Managers.
  - b. No authority granted to:

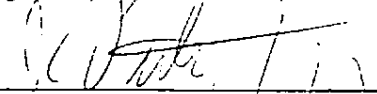
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company 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: **ANTHONY MAUCERI and KIRBY OUTERBRIDGE**, as Managers.
  - b. No authority granted to:

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

  
\_\_\_\_\_  
Signature of authorized representative

ANTHONY MAUCERI, as Manager  
\_\_\_\_\_  
Printed name and position title

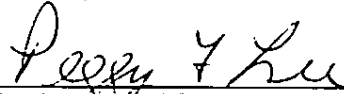
  
\_\_\_\_\_  
Signature of authorized representative

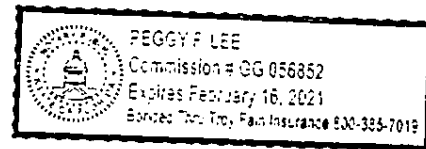
KIRBY OUTERBRIDGE  
\_\_\_\_\_  
Printed name and position title

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of May, 2019, by ANTHONY MAUCERI, as Manager of 1728 JOSE GASPAR LLC, a Florida limited liability company, who are personally known to me or who have produced driver's license as identification and who did take an oath.

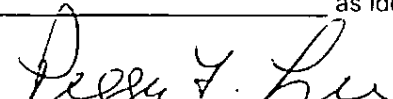
  
\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:  
(Seal)



STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of May, 2019, by KIRBY OUTERBRIDGE, as Manager of 1728 JOSE GASPAR LLC, a Florida limited liability company, who are personally known to me or who have produced \_\_\_\_\_ as identification and who did take an oath.

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

