

L15000076696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WIDEIKIS, BENEDICT & BERNTSSON, LLC

THE BIG W LAW FIRM

ATTORNEYS AT LAW

JOHN L. WIDEIKIS
ROBERT C. BENEDICT
ROBERT H. BERNTSSON

HEADQUARTERS
3195 S. ACCESS ROAD
ENGLEWOOD, FLORIDA 34224
PHONE: (941) 627-1000
EMAIL: JGoff@BigWLaw.com



4301 AIDAN LANE
NORTH PORT, FLORIDA 34287
PHONE: (941) 627-1000

333 PARK AVENUE, UNIT 2A
P.O. BOX 483
BOCA GRANDE, FLORIDA 33921
PHONE: (941) 627-1000

May 25, 2017

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: MI&HMP, LLC – L15000076696

To Whom it May Concern;

Enclosed you will find our check number 3842 in the amount of \$25.00 along with a Cover Letter and Statement of Authority for the above referenced matters.

Please let me know if you need anything further.

Sincerely,

Jeanette B. Goff
Real Estate Assistant

Enclosures
2017-5316JWC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MI&HMP, 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:

MICHAEL O. KANE
Name of Manager

MI&HMP, LLC
Name of Company

992 Tamiami Trail, Suite H2
Address of Company

Port Charlotte, FL 33953
City/State and Zip Code

Mike1hmp@yahoo.com
E-Mail Address of Manager

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TALLAHASSEE, FLORIDA
17 MAY 31 PM 4:40

For further information concerning this matter, please call:

Cynthia M. Ehlke at (941) 627-1000

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 & Return to:
John L. Wideikis
WIDEIKIS, BENEDICT & BERNTSSON, LLC
THE BIG W LAW FIRM
3195 S. Access Road
Englewood, FL 34224

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STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 18th day of May, 2017, 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: **MI&HMP, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L15000076696**

THIRD: The street address of the limited liability company's principal office is: **992 Tamiami Trail, Suite H2, Port Charlotte, FL 33953**

The mailing address of the limited liability company's principal office is:
992 Tamiami Trail, Suite H1, Port Charlotte, FL 33953

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 **USIEL AHARON**, as President of **MANOA INVESTMENTS, INC.**, as Manager and **MICHAEL KANE**, as Manager of **HOMES MADE POSSIBLE HOMES, LLC**, 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: **USIEL AHARON**, as President of **MANOA INVESTMENTS, INC.**, as Manager and **MICHAEL KANE**, as Manager of **HOMES MADE POSSIBLE HOMES, LLC**, as Manager.

b. No authority granted to:

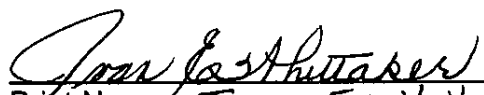
The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

MICHAEL O. KANE, Manager
Printed name and position title

The foregoing instrument was sworn to and acknowledged before me this 18th day of May, 2017, by **MICHAEL O. KANE**, who is personally known to me, or who has provided _____, to establish his or her identity to me.




Print Name: Joan E Whittaker
Notary Public
My commission expires:

[SEAL]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 31 PM 4:40