

11/3/21, 4:03 PM

L15000137328

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (786)901-8020
Attn: Tami D. Passley

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PORTO ORLANDO LLC

Certificate of Status	0
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Corporate Filing Menu

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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: PORTO ORLANDO LLC

SECOND: The Florida Document Number of the limited liability company is: L15000137328

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

215 N. Eola Drive

Orlando, Florida 32801

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

215 N. Eola Drive

Orlando, Florida 32801

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.

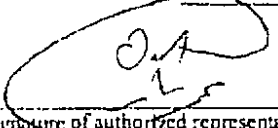
a. Granted to: NOT APPLICABLE

b. No authority granted to: Do any other act under this Statement of Authority except as below.

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

a. Granted to: Scott C. Thompson as Authorized Signatory to execute and deliver an extension of an existing recorded Temporary Access Easement.

b. No authority granted to: Do any other act under this Statement of Authority.


Signature of authorized representative

Omar Amer, Manager
Typed or printed name of signatory

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

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