

L15000151572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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November 20, 2017

VIA OVERNIGHT DELIVERY

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Statement of Authority for SD ICP, L.L.C. a Florida limited liability company
Document # 1.15000151572

Gentlemen:

Enclosed for filing please find a *Statement of Authority* for the above-referenced limited liability company. Also enclosed is our client's check payable to the Department of State in the amount of \$55.00 in payment of the filing fee, in addition to the fee for a certified copy of the filed statement.

Please return the certified copy to my attention in the enclosed prepaid FedEx envelope.

Please contact me with any questions or comments.

Sincerely,



Amy Pescetto

Enclosures

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: SD ICP, LLC
A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L15000151572

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

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

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

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

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 FERRY

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 FERRY

b. No authority granted to: _____

Brian Stock
Signature of authorized representative

BRIAN K. STOCK

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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