

5/11/2020

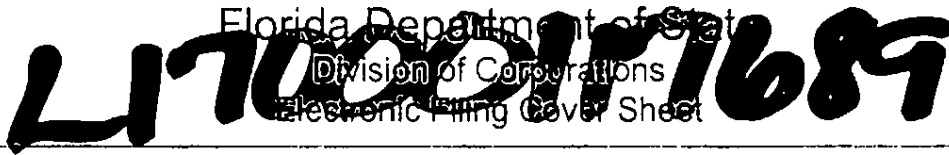
From: GFI FaxMaker

To: *9319*13259#1*18506176383

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Date: 5/11/2020 10:39:06 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Account Number : I20010000202

Phone : (941)954-4691

Fax Number : (941)954-2128

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

Email Address: corporation@nhlslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DUNN HOSPITALITY GROUP OF FLORIDA, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUNN HOSPITALITY GROUP OF FLORIDA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN M. COMPTON

Name of Person

NORTON, HAMMERSLEY

Firm/Company

1819 MAIN ST., SUITE 610

Address

SARASOTA, FL 34242

City/State and Zip Code

JMDUNN@DUNNHOSPITALITY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN M. COMPTON

941

954-4691

Name of Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF AUTHORITY

2020 MAY 11 AM 10:11

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: DUNN HOSPITALITY GROUP OF FLORIDA, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000117689

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

4839 CARRINGTON CIRCLE

SARASOTA, FL 34243

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

4839 CARRINGTON CIRCLE

SARASOTA, FL 34243

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 M. DUNN

b. No authority granted to: DARRELL L. REHA

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

a. Granted to: JOHN M. DUNN

b. No authority granted to: DARRELL L. REHA

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2B138 (2/14)