

L17000125023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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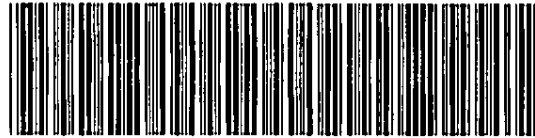
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARB HUNTER'S CREEK PHASE II, 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:

Michael Candiotti

\_\_\_\_\_  
Name of Person

Greenspoon Marder, LLP

\_\_\_\_\_  
Firm/Company

201 E. Pine Street, Ste 500

Orlando

\_\_\_\_\_  
Address

32801

\_\_\_\_\_  
City/State and Zip Code

michael.candiotti@gmlaw.com

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

For further information concerning this matter, please call:

Michael Candiotti

407

692-9113

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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: ARB HUNTER'S CREEK PHASE II, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000125023

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

711 N. ORLANDO AVE., #302

Maitland, FL 32751

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

711 N. ORLANDO AVE., #302

Maitland, FL 32751

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TALLAHASSEE, FL

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**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: Francesco Arato and Aldo D. Martin, each as an Authorized Signatory

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: Aldo D. Martin

b. No authority granted to: \_\_\_\_\_

DocuSigned by:

ALDO D. MARTIN

9058D6E61EC040C...

Signature of authorized representative

Aldo D. Martin

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**