

# L1700DD168991

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(City/State/Zip/Phone #)

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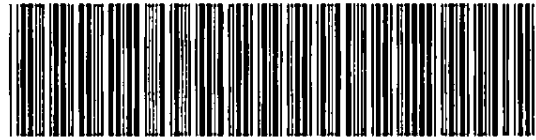
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Statement  
of  
Authority*

FEB 24 2023

D. CUSUMANO

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **JONESING FOR PALM ISLAND, 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:

**JEREMY JONES**  
*Name of Manager*

**JONESING FOR PALM ISLAND, LLC**  
*Name of Company*

**1500 S. MCCALL RD.**  
*Address of Company*

**ENGLEWOOD, FLORIDA 34223**  
*City/State and Zip Code*

**tallpinesinfo@yahoo.com**  
*E-Mail Address of Manager*

For further information concerning this matter, please call:

Katrina Rydzenski 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

**FILED**  
2022 NOV 28 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

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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TALLAHASSEE, FL

## STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 17<sup>th</sup> day of Nov, 2022 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: **JONESING FOR PALM ISLAND, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L17000168991**

**THIRD:** The street address of the limited liability company's principal office is:  
**1500 S. McCall Rd., Englewood, Florida 34223**

The mailing address of the limited liability company's principal office is:  
**1500 S. McCall Rd., Englewood, Florida 34223**

**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 **JEREMY JONES**, as Manager, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company without the joinder of any other 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: **JEREMY JONES**, as Manager, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

b. No authority granted to:

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

*Jeremy Jones*  
Signature of authorized representative

**JEREMY JONES, Manager**  
Printed name and position title

The foregoing instrument was acknowledged before me by means of ✓ physical presence or     online notarization, this 17<sup>th</sup> day of Nov, 2022 by **JEREMY JONES**, who is personally known to me, or who has provided                     , to establish their identity to me.

*Audrey J. Frazer*  
Print Name: *Audrey J. Frazer*  
Notary Public

My commission expires: June 30, 2026

[SEAL]

