

L180000009874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

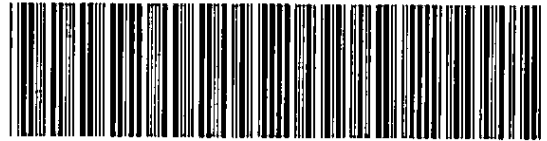
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000360273810

03/04/21--01018--027 **50.00

FILED
2021 MAR -4 PM 12:24
CLERK OF STATE
TALLAHASSEE, FL

Shaykh

MAY 22 2021

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MACKY-QUINN PROPERTIES, 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:

THOMAS E. MARTINEZ
Name of Manager

MACKY-QUINN PROPERTIES, LLC
Name of Company

313 Harbor Drive
Address of Company

Indian Rocks Beach, Florida 33785
City/State and Zip Code

martinezwfla@gmail.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

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

FILED
2021 MAR -4 PM 12:24
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 26 day of February, 2021, 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: **MACKY-QUINN PROPERTIES, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L18000009874**

THIRD: The street address of the limited liability company's principal office is:
313 Harbor Drive, Indian Rocks Beach, Florida 33785

The mailing address of the limited liability company's principal office is:
313 Harbor Drive, Indian Rocks Beach, Florida 33785

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

b. No authority granted to:

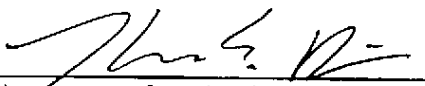
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company without the joinder of any other in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage,

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: **THOMAS E. MARTINEZ**, as Manager, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

b. No authority granted to:

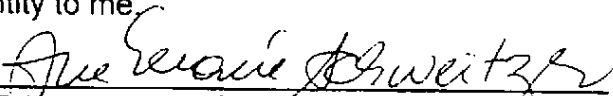
The undersigned does hereby certify the accuracy of the statements set forth herein.



Signature of authorized representative

THOMAS E. MARTINEZ, Manager
Printed name and position title

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 26th day of February, 2021, by **THOMAS E. MARTINEZ**, who is personally known to me, or who has provided _____, to establish their identity to me.


Print Name: ANA MARIA SCHWEITZER
Notary Public
My commission expires: Jan 22, 2022

[SEAL]

