

L18000115515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

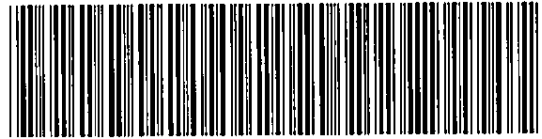
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2023 FEB 13 AM 11:29  
SECRETARY OF STATE  
HALLMARK CENTER  
DOVER, DE

Statement  
of  
Authority

APR 26 2023

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 13173 Sapphire Falls 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:

Luca Di Nunzio

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

Dorcey Law Firm

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

10181 Six Mile Cypress Pkwy, Suite C

\_\_\_\_\_  
Address

Fort Myers, FL 33966

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

support@dlfregisteredagent.com

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

For further information concerning this matter, please call:

Luca Di Nunzio

239  
\_\_\_\_\_  
at ( )

418-0169

\_\_\_\_\_  
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

FILED  
2023 FEB 13 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**NAME OF LLC:** 13173 SAPPHIRE FALLS LLC

**DOCUMENT NUMBER:** L18000115315

**PRINCIPAL ADDRESS:** 2130 Khasia Pt, Naples, FL 34119

**MAILING ADDRESS:** 2130 Khasia Pt, Naples, FL 34119

**MANAGER:** Ruth N. Gonzalez

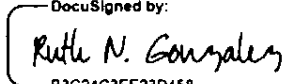
Below is the authority given to Ruth N. Gonzalez, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

- ☒ All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority).
- ☐ He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.
- ☐ He/She has Authority to Purchase Property in the Name of the LLC.
- ☐ He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.
- ☐ He/She has authority to Open Bank Account(s) in Name of the LLC.
- ☐ He/She has authority to Close Bank Account(s) Owned by the LLC.
- ☐ He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (E.g., Vehicles/Equipment).
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (E.g., Vehicles/Equipment).
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.

- ☐ He/She has authority to Enter into Contract(s) for the Purchase of Services.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.
- ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
- ☐ He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.
- ☐ He/She has authority to File Annual Reports with State of Florida.
- ☐ He/She has authority to Amend Annual Reports with State of Florida.
- ☐ He/She has authority to File Statement of Authority(s) with State of Florida.
- ☐ He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.
- ☐ He/She has authority to Amend Articles of Organization.

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

**13173 SAPPHIRE FALLS LLC;**

By:  B3C24C3EE23D458

Print Name: Ruth N. Gonzalez

Title: Manager