U18000209504

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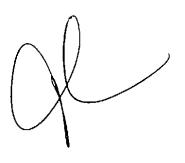


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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CRUZ DEL SUR FLORIDA, LLC, a Florida limited liability company

Name of Limited Liability Company

Dear Sir or Madam:

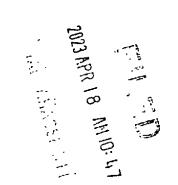
The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

DALE NOVAK and JULIE NOVAK	
Name of Manager	
CRUZ DEL SUR FLORIDA, LLC, a Florida limited liability company Name of Company	
PO Box 931	202
Address of Company	12023 APR
Placida, FL 33946	
City/State and Zip Code	8 AH 10:
E-mail Address of Manager .	[] [] [] [] [] [] [] [] [] [] [] [] [] [

For further information concerning this matter, please call: DALE NOVAK at (920)664-1088

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 E-FILED

This instrument Prepared By and Return To: WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM John L. Wideikis, Esq. 3195 S. Access Road Englewood, FL 34224



STATEMENT OF AUTHORITY

Pursuant to 605.0302,	Florida Statute	s, this limited liability	company submits	the following statement
of authority on this(ø	day of	April	, 2023, and same	shall be effective for a
period of five (5) years fron	n the date of thi	s Statement unless so	oner terminated as	so permitted by law:

FIRST: The name of the limited liability company is: CRUZ DEL SUR FLORIDA, LLC, a Florida limited liability company

SECOND: The Florida Document Number of the limited liability company is: L18000209504

THIRD: The street address of the limited liability company's principal office is: PO Box 931, Placida, FL 33946

The mailing address of the limited liability company's principal office is: PO Box 931, Placida, FL 33946

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:

- 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: DALE NOVAK, as Manager and JULIE NOVAK, as Manager.
 - b. No authority granted to:
- 2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company 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: DALE NOVAK, as Manager and JULIE NOVAK, as Manager.
 - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein. DALE NOVAK, as Manager Signature of authorized representative Printed name and position title JULIE NOVAK, as Manager Signature of authorized representative Printed name and position title STATE OF _FWEIDA COUNTY OF CHARLOTTE to me or who has produced _____ FL___bL___ as identification and who did take an oath. KAILENE HOLMES Notary Public, State of Commission # HH 147033 My Commission Expires: Expires June 29, 2025 (Seal) Bonded Thru Troy Fain Insurance 800-385-7019