

L18000290085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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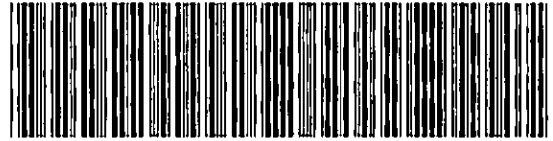
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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at
Authority

THE COHRS LAW GROUP, P.A.

ATTORNEYS AND COUNSELORS AT LAW

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† Board Certified Real Estate Attorney

VIA FEDEX

January 14, 2021

Florida Department of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Benchmark El Mar Apartments, LLC

Dear Sirs:

Enclosed is the Statement of Authority along with the filing fee of \$25.00. Please return a filed stamped copy of the Statement of Authority to our office in the envelope provided. Should you have any questions, please contact our office at (727) 540-0001.

Sincerely,

A handwritten signature in black ink, appearing to be "D. Cohrs", written over a horizontal line.

Denis A. Cohrs

DAC/kc

Enclosures as stated above.

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: Benchmark El Mar Apartments, LLC

SECOND: The Florida Document Number of the limited liability company is: 1.18000290085

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

4053 Maple Road, Suite 200

Amherst, NY 14226

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

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: Steven J. Longo

Margaret E. Shotwell

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: Steven J. Longo

Margaret E. Shotwell

b. No authority granted to: _____


Signature of authorized representative

Steven J. Longo
Type **Vice President** of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)