

L19000019938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

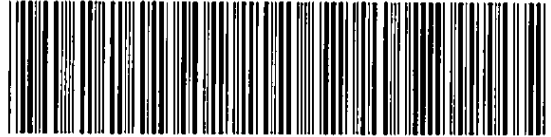
(Business Entity Name)

(Document Number)

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2023 JUN 15 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FL

JUN 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPV APTS, 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:

J. Paul Raymond

Name of Person

Macfarlane Ferguson & McMullen

Firm/Company

625 Court Street, Suite 200

Address

Clearwater, FL 33756

City/State and Zip Code

jpr@macfar.com

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

For further information concerning this matter, please call:

Cindy Glaros

727 441-1412

at ()
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

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: EPV APTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000019938

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

5600 Mariner Street, Suite 140

Tampa, FL 33609

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

5600 Mariner Street, Suite 140

Tampa, FL 33609

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TALLAHASSEE, FL

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: Ali Wald

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: Ali Wald

b. No authority granted to: _____



Signature of authorized representative

Dhvanit Patel

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)