

L19000076602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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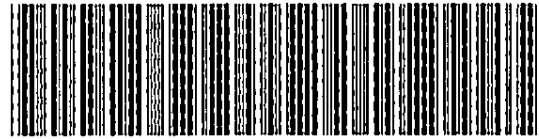
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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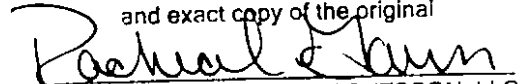


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**COVER LETTER**

I Certify this to be a true  
and exact copy of the original

  
WIDEIKIS, BENEDICT & BERNTSSON, LLC  
THE BIG W LAW FIRM

TO: Registration Section  
Division of Corporations

SUBJECT: THE NORRIS GROUP LAND FUND 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:

BRUCE NORRIS FINANCIAL GROUP, INC. BRUCE NORRIS

*Name of Manager*

THE NORRIS GROUP LAND FUND LLC, A FLORIDA LIMITED  
LIABILITY COMPANY

*Name of Company*

1845 Chicago Ave Ste C

*Address of Company*

Riverside, CA 92507

*City/State and Zip Code*

*E-mail Address of Manager*

For further information concerning this matter, please call:

Racheal Gauss at

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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 Statutes, this limited liability company submits the following statement of authority on this 10 day of August, 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: **THE NORRIS GROUP LAND FUND LLC, A FLORIDA LIMITED LIABILITY COMPANY**

**SECOND:** The Florida Document Number of the limited liability company is: **L19000076602**

**THIRD:** The street address of the limited liability company's principal office is: **1845 Chicago Ave Ste C, Riverside, CA 92507**

The mailing address of the limited liability company's principal office is: **1845 Chicago Ave Ste C, Riverside, CA 92507**

**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: **BRUCE NORRIS**, as President of **BRUCE NORRIS FINANCIAL GROUP, INC.**, 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: **BRUCE NORRIS**, as President of **BRUCE NORRIS FINANCIAL GROUP, INC.**, Manager.
  - b. No authority granted to:

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

Bruce Norris

**BRUCE NORRIS, as President of BRUCE NORRIS  
FINANCIAL GROUP, INC., Manager**

Signature of authorized representative

Printed name and position title

STATE OF Florida  
COUNTY OF Manatee

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 10 day of August, 2021 by BRUCE NORRIS, as President of BRUCE NORRIS FINANCIAL GROUP, INC., the Manager of THE NORRIS GROUP LAND FUND LLC, A FLORIDA LIMITED LIABILITY COMPANY, who is/are personally known to me or who has/have produced \_\_\_\_\_ as identification and who did take an oath.

Cara Cathleen Lane  
Notary Public, State of Florida  
My Commission Expires: 12-20-2022  
(Seal)

