L19000110758

(Paguastor's Nama)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Socialis in Hamber)					
Contillad Continue Contillation of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300351198223

09/01/20--01006--002 **25.00

RECEIVED

AUG 3 1 2020

2020 AUG 31 PH 4: 44



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: COZY HOME FLIPS, LLC

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:

LEONARD ELLIS AND YVELISSE ELLIS
Name of Manager
COZY HOME FLIPS, LLC
Name of Company
12185 HELIOS AVE
Address of Company
Port Charlotte, FL 33981
City/State and Zip Code
E-mail Address of Manager

For further information concerning this matter, please call:

Anne Whitmarsh at

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

FILED 2020 AUG 31 PM 4: 44

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

CERTIFIED TO BE A TRUE & EXACT COPY OF ORIGINAL

STATEMENT OF AUTHORITY

Pursuant to 605,0302,	Florida	Statutes, this limited	liability company submits the following statement
of authority on this	day of	4 WillSt	liability company submits the following statement, 2020, and same shall be effective for a
period of five (5) years fron	n the da	te of this Statement u	nless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: COZY HOME FLIPS, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000110258

THIRD: The street address of the limited liability company's principal office is: 12185 HELIOS AVE, Port Charlotte, FL 33981

> The mailing address of the limited liability company's principal office is: 12185 HELIOS AVE, Port Charlotte, FL 33981

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.
 - Granted to: LEONARD ELLIS, as Manager and YVELISSE ELLIS, as Manager.
 - b. No authority granted to:
- 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: LEONARD ELLIS, as Manager and YVELISSE ELLIS, as Manager.
 - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein. LEONARD ELLIS, as Manager Signature of authorized representative Printed name and position title YVELISSE ELLIS, as Manager Signature of authorized representative Printed name and position title STATE OF FL COUNTY OF CHANGE The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 28 day of 1000 HOME FLIPS, 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. Notary Public, State of My Commission Expires: (Seal) ANNE BOROVSKY Commission # GG 983955 Expires June 12, 2022 Bonded Thru Troy Fain Insurance 800-385-7019

2020 AUS 31 PM 4: 45