LIGUOC	172148		
(Requestor's Name) (Address) (Address)	800393793028		
(City/State/Zip/Phone #)			
(Document Number) Certified Copies Certificates of Status	63/02 2:01019016 - ** 75.00		
Special Instructions to Filing Officer:	2022 SEP - 2 PH 2: 37		
Office Use Only			

· · · · ·



COVER LETTER

· · .

...

TO: Registration Section Division of Corporations

SUBJECT: BUSHMAN FLORIDA 1, 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:

	OLIVIER BOUCHER			
	Name of Manager			
	BUSHMAN FLORIDA 1, LLC			
	Name of Company			
C	O Best Options LLC, 1145 Via Jardin			
	Address of Company			
	West Palm Beach, FL 33418		2022	
	City/State and Zip Code		SE	1
	OLIVIER.BOUCHER18@GMAIL.COM	•		• • *** %*
	E-mail Address of Manager	~	رکد در د	្ ភូទិរៀ
For further information concerning	this matter, please call:941-627-1000		PH 2:	\mathbf{C}
	Tiffany Pride at Ext: 2016	-	37	
REET/COURIER ADDRESS:		PFCC.		

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 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 2022-51114JLW

2022 SEP -2 PH 2: 37

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 30 day of August, 2022, 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: BUSHMAN FLORIDA 1, LLC, a Florida limited liability company
- SECOND: The Florida Document Number of the limited liability company is: L19000172148
- THIRD: The street address of the limited liability company's principal office is: C/O Best Options LLC, 1145 Via Jardin, West Palm Beach, FL 33418

The mailing address of the limited liability company's principal office is: C/O Best Options LLC, 1145 Via Jardin, West Palm Beach, FL 33418

- 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: OLIVIER BOUCHER, 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: OLIVIER BOUCHER, as Manager.
 - b. No authority granted to:

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

. • •

`¥

Signature of authorized representative

STATE OF Virginia

2022 SE OLIVIER BOUCHER, as Manager ીતું Printed name and position title ·. · N P₩ 2: - v 19 $\frac{3}{2}$

COUNTY OF Henrico

The foregoing instrument was acknowledged before me by means of ____physical presence or online notarization, this 29__day of ____August__, 2022 by OLIVIER BOUCHER, as Manager of BUSHMAN FLORIDA 1, LLC, a Florida limited liability company, who is/are personally known to me or who has/have produced _____ID CARD_____as identification and who did take an oath.

N WILL MA -AGEL NOTARN PUBLIC O REG # 7212007 INY COMMISSION EXPIRES 10/31/2022

Notary Public, State of

Notary Public, State of My Commission Expires: 10-31-2022 REG NO 7212607 (Seal)

Completed via Remote Online Notarization using 2 way Audio/Video tec