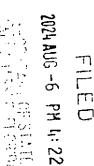
L2000004401do

(Re	questor's Name))
hA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to f	Filing Officer:	
		AU6 1 4 2024

Office Use Only



400433984094



COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

CONSTRUCTION MANAGEMENT SERVICES, 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:

PATRICK NORRIS

Name of Manager

CONSTRUCTION MANAGEMENT SERVICES, LLC

Name of Company

14157 CAIN AVE.

Address of Company

PORT CHARLOTTE, FLORIDA 33953

City/State and Zip Code

avi@worldco.co.uk

E-Mail Address of Manager

For further information concerning this matter, please call:

Katrina Rydzenski at (941) 627-1000

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

Form Identification CR2E138 (2/14)

This Instrument Prepared by & Return to: John L. Wideikis Wideikis, Benedict & Berntsson, LLC THE BIG W LAW FIRM 3195 S. Access Road Englewood, FL 34224

STATEMENT OF AUTHORITY

Paralle 6 Paralle Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following. , 20 <u>24</u>, and same shall statement of authority on this 24 day of 1000 be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

The name of the limited liability company is: CONSTRUCTION FIRST:

MANAGEMENT SERVICES, LLC

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

L20000044066

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

14157 CAIN AVE., PORT CHARLOTTE, FLORIDA 33953

The mailing address of the limited liability company's principal office is: 14157 CAIN AVE., PORT CHARLOTTE, FLORIDA 33953

This statement of authority grants or sets limitations of authority on all FOURTH: 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 PATRICK NORRIS, 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 without the joinder of any other 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: F	PATRICK NORRIS, as Manager.
b. No authority g	ranted to:
The undersigned does hereby	certify the accuracy of the statements set forth herein

Putal L M Signature of authorized representative	PATRICK NORRIS, Manager Printed name and position title	
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 24 day of, 20_24; by PATRICK NORRIS, who is personally known to me, or who has provided, to establish their identity to me.		
KAYLEE R. WALLS Commission # HH 534670 Expires June 4, 2028	Print Name: // Notary Public My commission expires: [SEAL]	