

L200000290255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

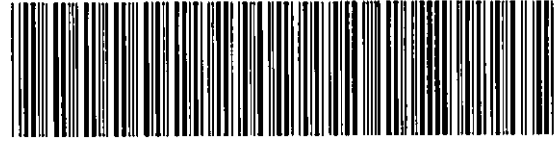
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR 10 PM 1:01 2023 APR 10 AM 10:25
ALLAHSSLE, LLC
TALLAHASSEE, FL
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SECRETARY

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED STATEMENT OF AUTHORITY FOR:

2291 IBIS ISLE, LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9575 FOR: \$55.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2291 Ibis Isle, 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:

Mark D. Kairalla, Esq.

Name of Person

Tittle, Kairalla & Logan, P.L.

Firm/Company

360 Columbia Drive, Suite 100

Address

West Palm Beach, FL 33409

City/State and Zip Code

mark@tkl-law.com

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

For further information concerning this matter, please call:

Mark D. Kairalla

561

444-3336 x101

at (_____)

Name of Person

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: 2291 Ibis Isle, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000290255

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

2291 Ibis Isle Road E.

Palm Beach, FL 33480

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

P.O. Box 9796

Jackson, WY 83002

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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.

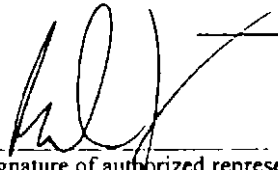
a. Granted to: Christopher W. Deitz

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: Christopher W. Deitz

b. No authority granted to: _____


Signature of authorized representative

Sole Member:

RF Ventures, LLC by Richard Fertig, its Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)