

L20000293230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

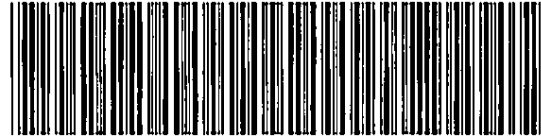
(Business Entity Name)

(Document Number)

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Shirley Huth

JUL 14 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DP GROVES 003, 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:

STEPHEN HOSMAN and KIRSTEN KARNETT HOSMAN
Name of Manager

DP GROVES 003, LLC
Name of Company

2049 Panama Blvd.
Address of Company

Englewood, Florida 34224
City/State and Zip Code

jbuffett341@gmail.com
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2021

STEPHEN HOSMAN
2049 PANAMA BLVD
ENGLEWOOD, FL 34224

SUBJECT: DP GROVES 003, LLC
Ref. Number: L20000293230

We have received your document for DP GROVES 003, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 921A00012264

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

FILED
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CLERK OF DISTRICT COURT

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 26 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: **DP GROVES 003, LLC**

SECOND: The Florida Document Number of the limited liability company is:
L20000293230

THIRD: The street address of the limited liability company's principal office is:
2049 Panama Blvd., Englewood, Florida 34224

The mailing address of the limited liability company's principal office is:
2049 Panama Blvd., Englewood, Florida 34224

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 **STEPHEN HOSMAN and KIRSTEN KARNETT HOSMAN**, as Managers, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

b. No authority granted to:

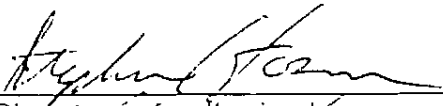
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company without the joinder of any other in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage,

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: **STEPHEN HOSMAN and KIRSTEN KARNETT HOSMAN**, as Managers, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

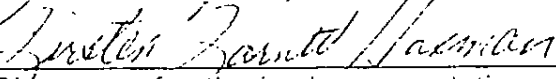
b. No authority granted to:

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



Signature of authorized representative


STEPHEN HOSMAN, Manager
Printed name and position title



Signature of authorized representative

KIRSTEN KARNETT HOSMAN, Manager
Printed name and position title

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization, this 26th day of MARCH, 2021, by **STEPHEN HOSMAN and KIRSTEN KARNETT HOSMAN**, who are personally known to me, or who have provided , to establish their identity to me.



Print Name: DON NORTHROP
Notary Public
My commission expires: 3/7/21

