

L20000293234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

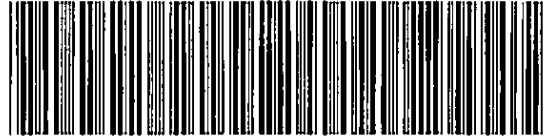
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2021 OCT 28 AM 8:59

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C. BRUMBLEY
NOV - 9 2021

COVER LETTER¹

**CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL**

TO: Registration Section
Division of Corporations

SUBJECT: DP GROVES 001, 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 & FREDERICK HOSMAN

Name of Manager

DP GROVES 001, LLC

Name of Company

2049 Panama Blvd

Address of Company

Englewood, FL 34224

City/State and Zip Code

jbuffett341@gmail.com;k2hhk2hh@gmail.com

E-mail Address of Manager

For further information concerning this matter, please call:

Kendal Canonico at 941-627-1000

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

2021 OCT 28 AM 8:59
FILED
CLERK OF DISTRICT COURT
THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR THE STATE OF FLORIDA
ENGLEWOOD, FL

FILED

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STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 25 day of OCT, 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 001, LLC**

SECOND: The Florida Document Number of the limited liability company is: **L20000293234**

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

The mailing address of the limited liability company's principal office is: **2049 Panama Blvd, Englewood, FL 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**, as Manager, and **FREDERICK HOSMAN**, 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: **STEPHEN HOSMAN**, as Manager, and **FREDERICK HOSMAN**, as Manager.
 - b. No authority granted to:

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



Signature of authorized representative

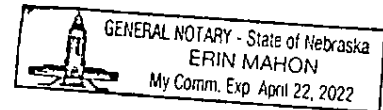
STEPHEN HOSMAN, as Manager
Printed name and position title

STATE OF Nebraska

COUNTY OF Douglas

The foregoing instrument was acknowledged before me by means of by physical presence or online notarization, this 25th day of October, 2021 by STEPHEN HOSMAN, as Manager of DP GROVES 001, LLC, a Florida limited liability company who is personally known to me or who has produced Florida drivers as identification and who did take an oath.
license


Notary Public, State of Ne
My Commission Expires:
(Seal) April 22, 2022



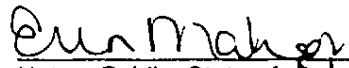
The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

FREDERICK HOSMAN, as Manager
Printed name and position title

STATE OF Nebraska
COUNTY OF Douglas

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization, this 25th day of October, 2021, by FREDERICK HOSMAN, as Manager of DP GROVES 001, LLC, a Florida limited liability company who is personally known to me or who has produced Florida drivers as identification and who did take an oath.
license


Notary Public, State of Ne
My Commission Expires: April 22, 2022
(Seal)

