

Oct. 7. 2020 2:46 PM

No. 1289

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561) 844-3700
Fax Number : (561) 844-2388

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIWBG2.LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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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: SIWBG2.LLC

SECOND: The Florida Document Number of the limited liability company is: L20000300323

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

8144 Okeechobee Boulevard

Suite B

West Palm Beach, FL 33411

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

8144 Okeechobee Boulevard

Suite B

West Palm Beach, FL 33411

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: Michael Smolak for individual lot closings.

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: Michael Smolak

b. No authority granted to: Michael Smolak to execute loan documents.

Waldemar K. Schickedanz, Manager
Signature of authorized representative

Waldemar K. Schickedanz
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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