

L2 0000 320560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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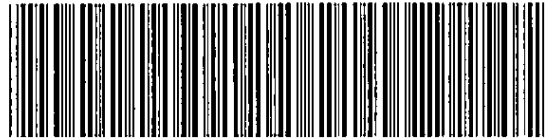
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 325 HARBOR DRIVE, LLC, a Florida limited liability company
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:

KIRBY OUTERBRIDGE and ANTHONY C. MAUCERI

Name of Manager

325 HARBOR DRIVE, LLC, a Florida limited liability company

Name of Company

P.O. Box 605

Address of Company

Boca Grande, FL 33921

City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Amanda Moses at

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

FILED
2024 JAN 31 AM 11:06
TALLAHASSEE, FL
OFFICE OF THE
CLERK OF THE
SUPREME COURT

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC
Robert C. Benedict, Esq.
333 Park Avenue, Unit 2A, PO Box 483
Boca Grande, FL 33921

FILED
2024 JAN 31 AM 11:06
TALLAHASSEE
COUNTY, FLORIDA

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 24 day of January, 2024, 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: **325 HARBOR DRIVE, LLC, a Florida limited liability company**

SECOND: The Florida Document Number of the limited liability company is: **L20000320560**

THIRD: The street address of the limited liability company's principal office is: **P.O. Box 605, Boca Grande, FL 33921**

The mailing address of the limited liability company's principal office is: **P.O. Box 605, Boca Grande, FL 33921**

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: **KIRBY OUTERBRIDGE and ANTHONY C. MAUCERI**, as Managers.
 - 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: **KIRBY OUTERBRIDGE and ANTHONY C. MAUCERI**, as Managers.
 - b. No authority granted to:

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

[Signature]
Signature of authorized representative

KIRBY OUTERBRIDGE, as Manager
Printed name and position title

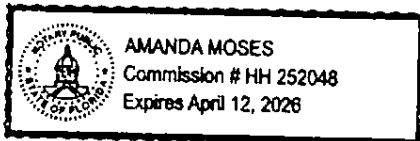
[Signature]
Signature of authorized representative

ANTHONY C. MAUCERI, as Manager
Printed name and position title

STATE OF Florida
COUNTY OF Lee

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 24 day of January, 2024, by KIRBY OUTERBRIDGE and ANTHONY C. MAUCERI, as Managers of 325 HARBOR DRIVE, LLC, a Florida limited liability company who are personally known to me or who has produced PI OR CARD as identification and who did take an oath.

Amanda Moses
Notary Public, State of
My Commission Expires:
(Seal)



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