

L 200000376678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

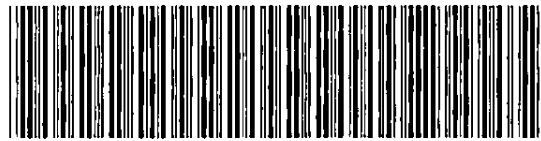
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Writer's Email:
alpescetto@cyklawfirm.com

April 5, 2024

VIA OVERNIGHT DELIVERY

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

Re: Statement of Authority for 965 NORTH OCEAN BOULEVARD, L.L.C.
a Florida limited liability company
Document # L20000376678

Gentlemen:

Enclosed please find our firm's operating account check number 37279 payable to the Department of State in the amount of \$25.00 in payment of the filing fee for the enclosed *Statement of Authority*.

Please contact me with any questions or comments.

Sincerely,

Amy Pescetto

Enclosures

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: 965 NORTH OCEAN BOULEVARD, L.L.C.
A FLORIDA LIMITED LIABILITY COMPANY

SECOND: The Florida Document Number of the limited liability company is: L20000376678

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

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

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

2639 PROFESSIONAL CIRCLE

SUITE 101

NAPLES, FLORIDA 34119

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status of 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: BRIAN K. STOCK and/or JOHN FERRY and/or MATT SELICK

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: BRIAN K. STOCK and/or JOHN FERRY and/or MATT SELICK

b. No authority granted to: _____

Brian Stock
Signature of authorized representative

BRIAN K. STOCK
Typed or printed name of signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA