

L20000393728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

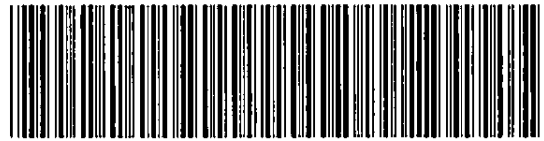
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/12/24--01035--003 \*\*25.00

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2024 MAR 12 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BVH 204C, 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:

KENNETH KEEGANS

*Name of Manager*

BVH 204C, LLC, a Florida limited liability company

*Name of Company*

14018 Royal Pointe Dr

*Address of Company*

Port Charlotte, FL 33953

*City/State and Zip Code*

*E-mail Address of Manager*

SECRETARY OF STATE  
TALLAHASSEE, FL

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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

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

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28 day of February, 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: **BVH 204C, LLC, a Florida limited liability company**

**SECOND:** The Florida Document Number of the limited liability company is: **L20000393728**

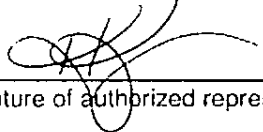
**THIRD:** The street address of the limited liability company's principal office is: **14018 Royal Pointe Dr, Port Charlotte, FL 33953**

The mailing address of the limited liability company's principal office is: **14018 Royal Pointe Dr, Port Charlotte, FL 33953**

**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: **KENNETH KEEGANS and KAREN KEEGANS**, as Managers. Either Manager may act alone without joinder of the 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 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: **KENNETH KEEGANS and KAREN KEEGANS**, as Managers. Either Manager may act alone without joinder of the other.
  - b. No authority granted to:

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

  
\_\_\_\_\_  
Signature of authorized representative

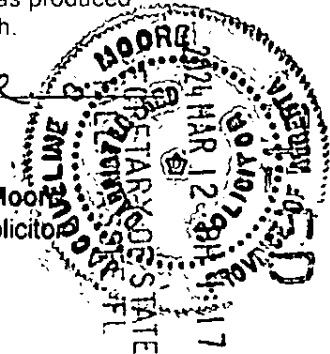
KAREN KEEGANS, as Manager  
\_\_\_\_\_  
Printed name and position title

COUNTRY OF Canada  
PROVINCE OF Alberta

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 22nd day of February, 2024, by KAREN KEEGANS, as Manager of BVH 204C, LLC, a Florida limited liability company who is personally known to me ~~or who has produced~~ as identification and who did take an oath.

  
\_\_\_\_\_  
Notary Public, State of  
My Commission Expires:  
(Seal)

**Jacqueline S. Moore**  
Barrister and Solicitor



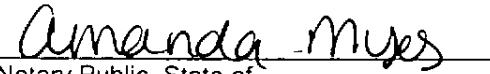
The undersigned does hereby certify the accuracy of the statements set forth herein.

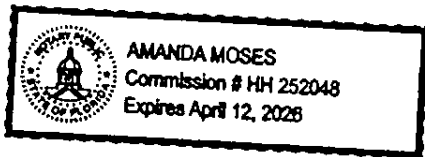
  
Signature of authorized representative

KENNETH KEEGANS, as Manager  
Printed name and position title

STATE OF FL  
COUNTY OF CHAMPLAIN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 28 day of February, 2024, by KENNETH KEEGANS, as Manager of BVH 204C, LLC, a Florida limited liability company who is personally known to me or who has produced FL DR license as identification and who did take an oath.

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



2024 MAR 12 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

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## **EXHIBIT A**

**Unit 204, BOCA VISTA HARBOR C, a Condominium, according to the Declaration of Condominium recorded in Official Records Book 2349, Page 1578, and as per plat thereof recorded in Condominium Book 12, Page(s) 18A through 18K, Public Records of Charlotte County, Florida, and any amendments thereto, together with its undivided share in the common elements.**

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

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 28 day of February, 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: **BVH 204C, LLC, a Florida limited liability company**
- SECOND:** The Florida Document Number of the limited liability company is: **L20000393728**
- THIRD:** The street address of the limited liability company's principal office is: **14018 Royal Pointe Dr, Port Charlotte, FL 33953**

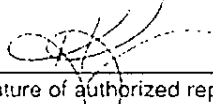
The mailing address of the limited liability company's principal office is: **14018 Royal Pointe Dr, Port Charlotte, FL 33953**

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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: **KENNETH KEEGANS and KAREN KEEGANS**, as Managers. Either Manager may act alone without joinder of the 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 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: **KENNETH KEEGANS and KAREN KEEGANS**, as Managers. Either Manager may act alone without joinder of the other.
  - b. No authority granted to:

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CLERK OF CIRCUIT COURT  
CHARLOTTE COUNTY, FL


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

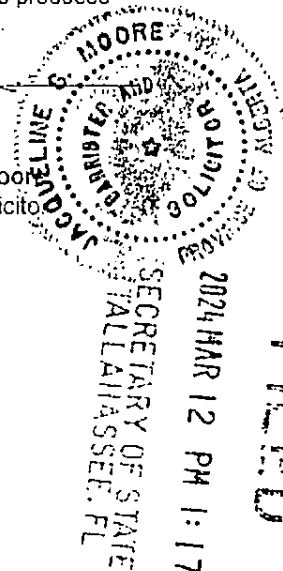
  
\_\_\_\_\_  
Signature of authorized representative

KAREN KEEGANS, as Manager  
\_\_\_\_\_  
Printed name and position title

COUNTRY OF Canada  
PROVINCE OF Alberta

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 22nd day of February, 2024, by KAREN KEEGANS, as Manager of BVH 204C, LLC, a Florida limited liability company who is personally known to me ~~or who has produced~~ as identification and who did take an oath.

  
\_\_\_\_\_  
Notary Public, State of  
My Commission Expires:  
(Seal)  
**Jacqueline S. Moore**  
Barrister and Solicitor





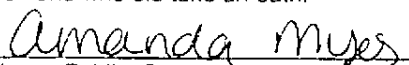
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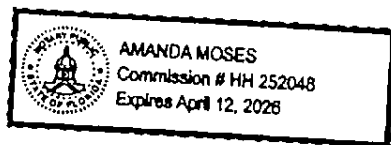
  
\_\_\_\_\_  
Signature of authorized representative

KENNETH KEEGANS, as Manager  
Printed name and position title

STATE OF FL  
COUNTY OF CHARLOTTE

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\_\_\_\_\_  
Notary Public, State of  
My Commission Expires:  
(Seal)



**FILED**  
2024 MAR 12 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FL