(Requestor's Name)
(Áddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK U			
XX	CERTIFIED COPY CUS			
XX	K FILING	STATEMENT OF AUTHORITY		
1.	HOPE RISE DEVELOPMI (CORPORATE NAME AND DOCUMEN			
2.	(CORPORATE NAME AND DOCUMEN	T #)		
3.	(CORPORATE NAME AND DOCUMEN	TT #)		
4.	(CORPORATE NAME AND DOCUMEN	T #)		
5.	(CORPORATE NAME AND DOCUMEN	T #)		
6.	(CORPORATE NAME AND DOCUMEN	T #)		
SPECI INSTR	AL UCTIONS:			

STATEMENT OF AUTHORITY FOR LIMITED LIABILITY COMPANY

Pursuant authority		ring statement of
FIRST:	The name of the limited liability company is:	
SECON	D: The Florida Document Number of the limited liability company is:	
	The street address of the limited liability company's principal office is: 7548 Gathering Drive	
	Reunion, FL 34747	-
	The mailing address of the limited liability company's principal office is: 7548 Gathering Drive	_
	Reunion, FL 34747	-
position person o 1. Tl proper	H: This statement of authority grants or sets limitations of authority on all persons havin of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: the power to execute any instrument associated with construction and permitting activities, but development and county approvals and contracts associated with business operations incloan commitments and loan compliance matters.	or to a specific easing operations.
	Granted to: Kurt Forrest Brewer, Esq. / Brewer Law LLC	

Emmanuel Honamm 6 (Mar 31, 2022 14:53 EDT)
Signature of authorized representative

Print Name and Title: Emmanuel Mohammed, Manager and

President of Hope Rise Development LLC

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)