121000206420

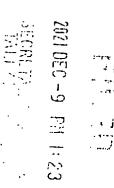
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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COVER LETTER

Registration Section
Division of Corporations

TO:

Camp David Maine, LLC	
SUBJECT: Name of Limited Liability Co	ompany
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	ing:
Luca Di Nunzio	
Name of Person	_
Dorcey Law Firm	
Firm/Company	_
10181 Six Mile Mile Cypress Pkwy, Suite C	
Address	_
Fort Myers, FL 33966	
City/State and Zip Code	
support@dlfregisteredagent.com	
E-mail address: (to be used for future annual report notifical	tion)
For further information concerning this matter, please call:	
Luca Di Nunzio 239	418-0169
Name of Person Area Cod	de Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

NAME OF LLC: CAMP DAVID MAINE, LLC					
FLORIDA LLC DOCUMENT NUMBER: 121000206420					
PRINCIPAL OFFICE ADDRESS: 11860 Paseo Grande Blvd., #4502, Fort Myers, FL 33912					
MAILING ADDRESS (if different): 11860 Pasco Grande Blvd., #4502, Fort Myers, FL 33912					
MAN	NAGER: David A. Emmith				
Below is the authority given to David A. Emmith, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.					
All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority).					
He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.					
□ □ Prope	He/She has Authority to Purchase Property in the Name of the LLC. He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real perty.				
	He/She has authority to Open Bank Account(s) in Name of the LLC.				
	He/She has authority to Close Bank Account(s) Owned by the LLC.				
 ☐ He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC. ☐ He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal 					
Prope	erty (Ex: Vehicles/Equipment).				
□ Vehic	Hc/Shc has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex: eles/Equipment).				
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.				
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).				
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.				

	Hc/She has authority to Enter into Contract(s) for the Purchase of Services.		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.		
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.		
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services on		
behal	f of the LLC.		
	He/She has authority to File Annual Reports with State of Florida.		
	He/She has authority to Amend Annual Reports with State of Florida.		
	He/She has authority to File Statement of Authority(s) with State of Florida.		
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of		
Florid	da.		
	He/She has authority to Amend Articles of Organization.		
If moi	re space was needed, a separate sheet(s) of paper will be attache	d to the back of this form.	
CAM	P DAVID MAINE, LLC;	202 881	
. ∖ By:	Mun Denta	\$2021 DEC -9 PH 1	
Print ?	Name: Maria F Emmitte	PH -	
Title:	<u> </u>	A &	

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