

L21000214107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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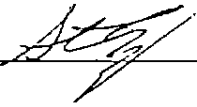
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DI North Naples, LLC

Please Debit FCA000000003 For: 55

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
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____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DI North Naples, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Seth A. Kupilik

Name of Person

Mombach, Boyle, Hardin & Simmons, P.A.

Firm/Company

100 NE Third Avenue, Suite 1000

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

SKupilik@mbhlawyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth Kupilik

954

467-2200

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: DI NORTH NAPLES, LLC

SECOND: The Florida Document Number of the limited liability company is: L21000214107

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

3397 Pine Ridge Rd Naples, FL 34109 US

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

c/o Mombach, Boyle, Hardin & Simmons, P.A.

100 NE Third Avenue, Suite 1000

Fort Lauderdale, FL 33301

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:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: _____

b. No authority granted to: Alex Nicholas

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Chase Howard

b. No authority granted to: Alex Nicholas

Chase Howard
Signature of authorized representative

Chase Howard
Typed or printed name of signature

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