L21000331256

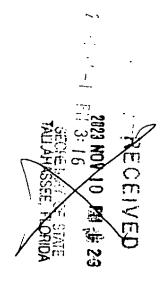
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
SOA

Office Use Only



500417239535

RECEIVED



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 11/1/2023		**WALK IN**			
ENTITY NAME K. Hovnanian Aspire at Hawks Ridge, LLC a Florida limited liability company					
DOCUMENT NUMBER					
	PLEASE FILE T	THE ATTACHED AND RETURN			
xxxxxxx	Plain Copy				
	Certified Copy				
	Certificate of Status				
*	**PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY**			
	Certified Copy of Art	ts & Amendments			
	Certified Copy of Art	ts & Amendments Complete File (Inclading Annual Reports)			
	Certificate of Status				
	Certificate of Status	Reflecting:			
	APOSTILLE'/	/ NOTARIAL CERTIFICATION			
COUNTRY OF DESTINAT	TION				
NUMBER OF CERTIFICA	TES REQUESTED				
TOTAL OWED \$ 25		ACCOUNT # 120140000108 Littly United Corporate Services, Inc. Thank you so much!			
Please call Tina at ti	he above number for	any issues or concerns. Thank you so much!			

COVER LETTER

SUBJECT:	at Hawks Ridge, LLC a Florida li	inited hability company
	Name of Limited Liability Cor	npany
Dear Sir or Madam:		
The enclosed Statement of Authorit	y and fee(s) are submitted for filing	3.
Please return all correspondence cor	ncerning this matter to the followin	g:
CHERYL O'BRIEN		
Name of Po	erson	_
HOVNANIAN DEVELOPMENTS	OF FLORIDA, INC.	
Firm/Comp	pany	_
3601 QUANTUM BOULEVARD		
Address		_
BOYNTON BEACH, FL 33429		
City/State and Zip	Code	_
cobrien@khov.com		
E-mail address: (to be used	for future annual report notification	on)
For further information concerning	his matter, please call:	
CHERYL O'BRIEN	732 at (383-2614
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 limite authority:	
FIRST: The name of the limited liability company is: $\frac{K_{+}}{}$	Hovnanian Aspire at Hawks Ridge, LLC a Florida
limited liability company f/k/a K. Hovnanian Hawks Ridge	LLC
-	
SECOND: The Florida Document Number of the limited li	iability company is: L21000231256
THIRD: The street address of the limited liability company	
3601 QUANTUM BOULEVARD BOYNTON BE	EACH, FL 33429
The mailing address of the limited liability comp	any's principal office is:
3601 QUANTUM BOULEVARD BOYNTON BE	EACH, FL 33429
	<u>:</u> .
	<u></u> ਰਾ
-	
FOURTH: This statement of authority grants or sets limitate position of a person in a company, whether as a member, traperson on the following: 1. May execute an instrument transferring real properties of the person of the person of the following:	ansferee, manager, officer or otherwise or to a specific roperty held in the name of the company.
a. Granted to: MIRIAM VAZQUEZ and	
JULIA SHERMAN	
b. No authority granted to: N/A	
	e de la constitución de la const
May enter into other transactions on behalf of N/A	, or otherwise act for or bind, the company.
a. Granted to: N/A	
b. No authority granted to: NA	
Lenneth Malieu	KENNETH S. MAIHEU
Signature of authorized representative	Typed or printed name of signature
Filing Fee:	\$25.00 vv: \$30.00 (optional)