

121000263951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

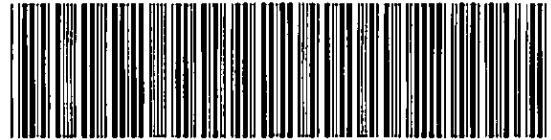
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500374703535

10/28/21--01026--006 **50.00

2021 OCT 28 AM 9:00

FILED

C. BRUMBLEY
NOV - 9 2021

CERTIFIED TO BE A TRUE &
EXACT COPY OF ORIGINAL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAN CASA VENTURES 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:

BERT PARSLEY, LAUREL O'NEILL, DEANNA ADINOLFO-RIVERA
Name of Manager

SAN CASA VENTURES LLC, a Florida limited liability company
Name of Company

2147 FIRST ST
Address of Company

FT Myers, FL 33901
City/State and Zip Code

Bert@TwistedFork.Net
E-mail Address of Manager

For further information concerning this matter, please call:

Jada Stiver at

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

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 - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

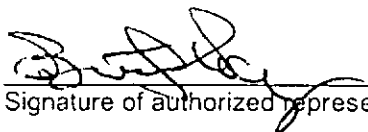
2021 OCT 28 AM 9:00
FILED
DB

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 26 day of October, 2021, 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: **SAN CASA VENTURES LLC, a Florida limited liability company**
- SECOND:** The Florida Document Number of the limited liability company is: **L21000263951**
- THIRD:** The street address of the limited liability company's principal office is: **2147 FIRST ST, FT Myers, FL 33901**
- The mailing address of the limited liability company's principal office is: **2147 FIRST ST, FT Myers, FL 33901**
- 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: **BERT PARSLEY, as Manager LAUREL O'NEILL, as Manager, and DEANNA ADINOLFO-RIVERA, as Manager**
 - 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: **BERT PARSLEY, as Manager LAUREL O'NEILL, as Manager, and DEANNA ADINOLFO-RIVERA, as Manager**
 - b. No authority granted to:

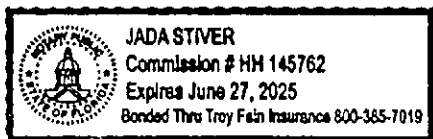
The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

BERT PARSLEY, as Manager
Printed name and position title

State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 20 day of October, 2021, by BERT PARSLEY, as Manager of SAN CASA VENTURES, LLC, a Florida Limited Liability Company who is personally known to me or who has produced FL ID as identification and who did take an oath.




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

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

Laurel O'Neill

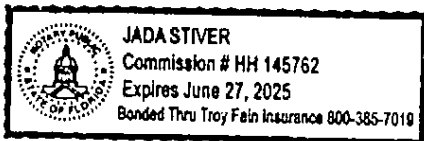
Signature of authorized representative

LAUREL O'NEILL, as Manager

Printed name and position title

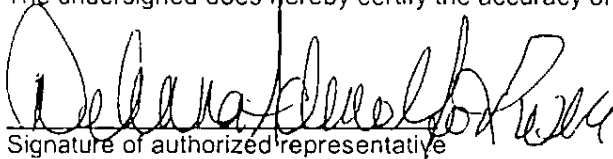
State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 26 day of October, 2021, by LAUREL O'NEILL, as Manager of SAN CASA VENTURES, LLC, a Florida Limited Liability Company who is personally known to me or who has produced FC ID as identification and who did take an oath.



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

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

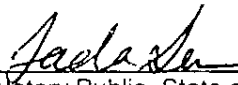

Signature of authorized representative

DEANNA ADINOLFO-RIVERA, as Manager
Printed name and position title

State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me by means of X physical presence or ___ online notarization, this 20 day of October, 2021, by DEANNA ADINOLFO-RIVERA, as Manager of SAN CASA VENTURES, LLC, a Florida Limited Liability Company who is personally known to me or who has produced FL ID as identification and who did take an oath.




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