

L21000395924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 10 2023



Macfarlane Ferguson  
& McMullen

One Tampa City Center, Suite 2000  
201 N. Franklin Street  
P.O. Box 1531 (33601)  
Tampa, FL 33602  
813.273.4200

[WWW.MFMLEGAL.COM](http://WWW.MFMLEGAL.COM)  
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625 Court Street, Suite 200  
P.O. Box 1669 (33757)  
Clearwater, FL 33756  
727.441.8966

[cdg@macfar.com](mailto:cdg@macfar.com)  
(727) 444-1412

June 14, 2023

**VIA OVERNIGHT DELIVERY**

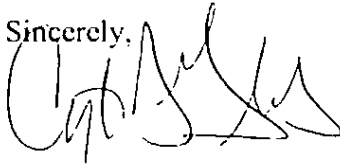
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, Florida 32303

RE: EPV MOB, LLC  
EPV APTS, LLC  
EPV RETAIL, LLC  
EPV HOTEL, LLC

Dear Sirs:

Enclosed please find four Statements of Authority for filing in connection with the above-referenced entities, together our check in the amount of \$100.00 (\$25.00 x 4) for filing fees.

Thank you for your assistance.

Sincerely,  
  
Cynthia D. Glaros  
Real Estate Paralegal

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EPV MOB, 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:

J. Paul Raymond

\_\_\_\_\_  
Name of Person

Macfarlane Ferguson & McMullen

\_\_\_\_\_  
Firm/Company

625 Court Street, Suite 200

\_\_\_\_\_  
Address

Clearwater, FL 33756

\_\_\_\_\_  
City/State and Zip Code

jpr@macfar.com

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

For further information concerning this matter, please call:

Cindy Glaros

727  
\_\_\_\_\_  
at ( )  
Area Code

441-1412

\_\_\_\_\_  
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: EPV MOB, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L21000395924

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

5600 Mariner Street, Suite 140

Tampa, FL 33609

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

5600 Mariner Street, Suite 140

Tampa, FL 33609

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**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: Ali Wald

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Ali Wald

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Dhvanit Patel

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)