## L21000508616

(Re	questor's Name	)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	#X5
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SECRETARY OF STATE

## COVER LETTER

•	TO: Registration Section Division of Corporations			
-	Lowther Legacy, LLC			
		SUBJECT: 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	ā:	
	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 a	nnual report notification	nn)	
	For further information concerning this matter, p	dease call:		
	Luca Di Nunzio	239 at (	308-1073	
	Name of Person	Area Code	Daytime Telephone Number	
	Mailing Address:		Street Address:	
	Registration Section Division of Corporations		Registration Section Division of Corporations	
	P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## FILED

## STATEMENT OF AUTHORITY 027 HAR 31 PM 2: 20:

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

NAME OF LLC: LOWTHER LEGACY, LLC

FLORIDA LLC DOCUMENT NUMBER: 121000508616

PRINCIPAL OFFICE ADDRESS: 25800 Grayton Ave, Englewood, FL 34223

MAILING ADDRESS (if different): 25800 Grayton Ave, Englewood, FL 34223

MANAGER: Sharon Lowther

Below is the authority given to Sharon Lowther, 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.

$\checkmark$	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.
	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
Proper	ty.
	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
Proper	ty (Ex: Vehicles/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (Ex:
Vehicl	es/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.

	He/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		
behalf	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		
Florida	a.		
	He/She has authority to Amend Articles of Organization.		
If mor	e space was needed, a separate sheet(s) of paper will be attached to the back of this form.		
LOWTHER LEGACY, LLC;			
	— DocuSigned by:		
_	There Towner		
Ву: <u>С</u>	— 7DC77FB6335R4F4		
Print N	Sharon Lowther Name:		
Title:	Manager		
-			