121000515119

(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:
Special instructions to 1 ling Offices.
Q. SILAS
MAR 73 NJEG
MMIX / 3 NOSE

Office Use Only



700383621697

03/14/22--01023--023 **50.00

2022 MAR 14 AM 9: 12 SECRETARY OF STATE

COVER LETTER

Division of Corporations		
5697 Ashton Lake Drive, LLC		
	ed Liability Cor	npany
ear Sir or Madam:		
he enclosed Statement of Authority and fee(s) are sub	mitted for filing	ļ.
lease return all correspondence concerning this matter	r to the followin	g:
.uca Di Nunzio		
Name of Person	- ,	_
Dorcey Law Firm		
Firm/Company		_
0181 Six Mile Mile Cypress Pkwy, Suite C		
Address		_
ort Myers, FL 33966		
City/State and Zip Code		_
upport@dlfregisteredagent.com		
E-mail address: (to be used for future annual	report notification	on)
or further information concerning this matter, please of	call:	
uca Di Nunzio	239 at (308-1073
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

TO:

Registration Section

STATEMENT OF AUTHORITY

FILED

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

2022 MAR 14 AM 9: 12
SECRETARY OF STATE
TALLAHASSEE, FI

NAME OF LLC: 5697 ASHTON LAKE DRIVE, LLC

FLORIDA LLC DOCUMENT NUMBER: <u>L21000515919</u>

PRINCIPAL OFFICE ADDRESS: 5002 SW 29th Ave, Cape Coral, FL 33914

MAILING ADDRESS (if different): 5002 SW 29th Ave, Cape Coral, FL 33914

MANAGER: Gregory Kechik

Below is the authority given to Gregory Kechik, 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.

1	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:		
Vehicle	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	1.			
	He/She has authority to Amend Articles of Organization.			
If more	e space was needed, a separate sheet(s) of paper will be attached to the back of this form.			
5697 ASHTON LÆKE DRIVE, LLC;				
By:				
Print N	Vame: Patricia Kechik			
Title: <u>1</u>	Manager			