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| PICK-UP WAIT MAIL | | | | | | | | |
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| (Business Entity Name) | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | |
| Certificates of Status | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | |
| Q. SILAS | | | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---------|---|----------------------|--------------------------|
| SUBJE | EPG WHITEHURST DEVELOP | | |
| | Name of Lim | ited Liability Com | pany |
| Dear Si | ir or Madam: | | |
| The end | closed Statement of Authority and fee(s) are su | abmitted for filing. | |
| Please | return all correspondence concerning this matt | er to the following | , v.C. |
| BRIA | N ROSE | | Eff. 12-28-202 |
| • | Name of Person | | 12-2-0 |
| EPG V | VHITEHURST DEVELOPMENT, LLC | | 12 |
| | Firm/Company | | • |
| 111 S. | ARMENIA AVE.; SUITE 201 | | |
| | Address | | - |
| TAMP | PA, FI. 33609 | | |
| | City/State and Zip Code | · - · | • |
| brose@ | Deisenhowerpropertygroup.com | | |
| | E-mail address: (to be used for future annua | l report notificatio | <u>n)</u> |
| For fur | ther information concerning this matter, please | e call: | |
| Brian 1 | Rose | 813 at (| 610-3043 |
| | 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 authority | to section 60 |)5.0302(1), Florida St | atutes, this limi | ted liability of | company submit | s the follow | ing statement | of |
|-----------------------|-----------------|---|-----------------------------|--------------------------|--------------------|--------------|---------------|----------|
| FIRST: | The name of | f the limited liability o | company is: | EPG WHI | TEHURST DEV | ELOPMEN | 科 特尼-3 | AH 9: 24 |
| | | | | | | SE | CRETARY | <u> </u> |
| SECON | D: The Flori | ida Document Numbe | r of the limited | liability con | npany is: L21000 | 9530291 | | |
| THIRD: | | address of the limited IENIA AVE. | liability compa | ny`s principa | ıl office is: | | | |
| | SUITE 201 | | | | | | | |
| | TAMPA, FI | . 33609 | | | | | | |
| | | ng address of the limit IENIA AVE. | ed liability com | pany's princ | ipal office is: | | | |
| | SUITE 201 | | | | | | | |
| | TAMPA, FI | _ 33609 | | | | | | |
| | 1. May exe | ecute an instrument transcript Granted to: NICHOL | | | l in the name of | the company | <i>ţ</i> . | |
| | Ь. | No authority granted | to: | | | | | |
| | 2. May en a. | ter into other transact Granted to: | DLAS L DISTE | | ise act for or bin | d, the comp | any. | |
| | b. | No authority granted | to: | | | | | |
| | X | 1_ | | | JEFFERY S. H | | | |
| Signature | e of authorize | ed representative | Filing Fee: Certified Co | \$25.00 py: \$30.00 (| Typed or prin | ited name of | signature | |