## h22000239128

| (Requ                      | uestor's Name)  |             |
|----------------------------|-----------------|-------------|
| (Addi                      | ress)           |             |
| (Addı                      | ress)           |             |
| (City/                     | State/Zip/Phon  | e #)        |
| PICK-UP                    | ☐ WAIT          | MAIL        |
| (Busi                      | ness Entity Nar | me)         |
| (Docu                      | ument Number)   | )           |
| Certified Copies           | Certificates    | s of Status |
| Special Instructions to Fi | ling Officer:   |             |
|                            |                 |             |
|                            |                 |             |
|                            |                 |             |

Office Use Only



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12/07/22--01006--024 \*\*50.00

A. RIVE,

FEB 24

## COVER LETTER

|                | istration Section ·<br>ision of Corporations  |                    |   |
|----------------|---|--------------------|---|
|                | Sunshine SWFL Rentals, LLC                    |                    | •   |
| SUBJECT:       |   | ed Liability Con   | npany   |
| Dear Sir or N  |   | •                  | •   |
| The enclosed   | I Statement of Authority and fee(s) are sub   | mitted for filing  |   |
|                | all correspondence concerning this matter     |                    |   |
| rease retarn   | an correspondence concerning this matter      | to the following   | 5.  |
| Luca Di Nur    | nzio  |                    |   |
| <del></del>    | Name of Person                                |                    | -   |
| Dorcey Law     | Firm  |                    |   |
|                | Firm/Company                                  |                    | -   |
| 10181 Six M    | file Cypress Pkwy, Suite C                    |                    |   |
|                | Address                                       |                    | _   |
| Fort Myers.    | FL 33966                                      |                    |   |
|                | City/State and Zip Code                       |                    | -   |
| support@dlf    | registeredagent.com                           |                    |   |
| E-n            | nail address: (to be used for future annual i | eport notification | <del></del><br>pn)                            |
| For further in | nformation concerning this matter, please of  | all:               |   |
| Luca Di Nur    |   | 239                | 418-0169                                      |
|                | Name of Person                                | at (<br>Area Code  | Daytime Telephone Number                      |
|                |   |                    |   |
|                | ailing Address:                               |                    | Street Address:                               |
| 13             |   |                    |   |
|                | gistration Section vision of Corporations     |                    | Registration Section Division of Corporations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

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

NAME OF LLC: SUNSHINE SWFL RENTALS, LLC

FLORIDA LLC DOCUMENT NUMBER: L22000239128

PRINCIPAL OFFICE ADDRESS: 6478 Cocos Dr., Fort Mvers, FL 33908

MAILING ADDRESS: 6478 Cocos Dr, Fort Myers, FL 33908

MANAGER: Marin R. Asher

Below is the authority given to Marin R. Asher, 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.

| $\boxtimes$ | 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       | d 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 | ı.  |
|         | He/She has authority to Amend Articles of Organization.                               |
|         |   |

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

SUNSHINE SWFL RENTALS, LLC;

By:

Print Name: Aaron B. Asher

Title: Manager