

L22000262337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

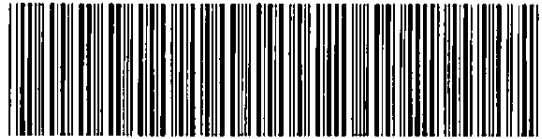
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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/23/2024

Acc#I20160000072

*en: c DW*

Name:	DCNIG FSB, LLC
Document #:	
Order #:	15585015

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

### 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: DCNIG FSB, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L22000262337

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

4901 NW 17 Way, Suite 104

Fort Lauderdale, FL 33309

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

4901 NW 17 Way, Suite 104

Fort Lauderdale, FL 33309

**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: Defined Companies, LLC

b. No authority granted to: N/A

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

a. Granted to: Defined Companies, LLC

b. No authority granted to: N/A

  
Signature of authorized representative

Noah Leon, as Manager of  
Defined Companies, LLC  
Typed or printed name of signature

Filing Fee: \$25.00  
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