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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	
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of 8/15/2022

	INC. P.O. Box	236 East 6th Avenue. Tallahassee, Florida 32303 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
	WALK IN				
		PICK UP: 8/12 DANNY			
	CERTIFIED COF	PY			
XX	рнотосору				
	CUS				
XX	FILING	STATEMENT OF AUTHORITY			
	274 FANTASY LL (CORPORATE NAME AND (CORPORATE NAME AND	DOCUMENT #) DOCUMENT #)			
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STATEMENT OF AUTHORITY FOR LIMITED LIABILITY COMPANY

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: _____

ECON	D: The Florida Document Number of the limited liability company is:	
HIRD:	The street address of the limited liability company's principal office is:	
	147 E. Lyman Ave., Suite A	
	c/o Brewer Law LLC	
	Winter Park, FL 32789	
	The mailing address of the limited liability company's principal office is:	
	717 5th Avenue	
	c/o Brewer Law LLC	
	Longmont, CO 80501	

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. The power to execute any instrument associated with construction and permitting activities, leasing operations, property development and county approvals and contracts associated with business operations including letters of intent, loan commitments and loan compliance matters.

Granted to: Kurt Forrest Brewer, Esq. / Brewer Law LLC

18 58 EDT;

Signature of authorized representative

Print Name and Title: Emmanuel Mohammed, Manager and President of 274 Fantasy LLC

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)