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| PICK-UP |] WAIT MAIL | |
| (Business Entity Name) | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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2024 MAR 25 PH 2: LL SECRETARY OF SEATE TALLAHASSES EATE

COVERLETTER

| SUBJECT: OLGA DE LA HOZ HOMES 2 LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALAN SANDLER | |
|--|--|
| Dear Sir or Madam: The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | |
| The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | |
| Please return all correspondence concerning this matter to the following: | |
| | |
| ALAN SANDLER | |
| | |
| Name of Person | |
| NEAR NORTH TITLE GROUP | |
| Firm/Company | |
| 225 S WESTMONTE DR., S-1100 | |
| Address | |
| ALTAMONTE SPRINGS, FL 32714 | 2024 SECH TAL |
| City/State and Zip Code | 2024 MAR 25 PH 2: 4 SECRETARY UF STATE TALLAHASSEE, FA |
| AKOYAINFO@GMAIL.COM | 25) : |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| ALAN SANDLER 407 622-6300 at () | In E |
| | Felephone 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 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: OLGA DE LA HOZ HOMES 2 LLC SECOND: The Florida Document Number of the limited liability company is: 1.22000404313 THIRD: The street address of the limited liability company's principal office is: 300 N NEW YORK AVE #1163 WINTER PARK, FL 32789 The mailing address of the limited liability company's principal office is: 300 N NEW YORK AVE #1163 WINTER PARK, FL 32789 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the statuter position of a person in a company, whether as a member, transferee, manager, officer or otherwise on to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company Granted to:____CHRISTIAN PESTANA AND/OR ORLANDO SALOM. EACH HAVING AUTHORITY INDIVIDUALLY No authority granted to: N/A May enter into other transactions on behalf of, or otherwise act for or bind, the company, Granted to: CHRISTIAN PESTANA AND/OR ORLANDO SALOM. EACH HAVING AUTHORITY INDIVIDUALLY No authority granted to: N/A CHRISTIAN PESTANA Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)