

L220000408697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

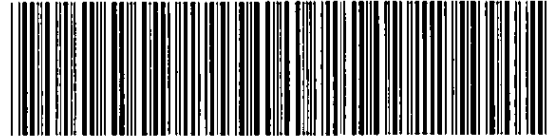
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEELE'S HOUSE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

ALFONSO CORTES ALBORNOZ, VIRGINIA T. ARAVENA FLORES, and
CRISTOBAL A. CORTES ARAVENA
Name of Manager

KEELE'S HOUSE LLC
Name of Company

3382 BRANCH CREEK DRIVE
Address of Company

SARASOTA, FLORIDA 34235
City/State and Zip Code

A CORTES A@HOTMAIL.COM
E-Mail Address of Manager

For further information concerning this matter, please call:

Katrina Rydzenski at (941) 627-1000

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This Instrument Prepared by & Return to:
John L. Wideikis
Wideikis, Benedict & Berntsson, LLC
THE BIG W LAW FIRM
3195 S. Access Road
Englewood, FL 34224

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 8 day of November, 2023, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

- FIRST:** The name of the limited liability company is: **KEELE'S HOUSE LLC**
- SECOND:** The Florida Document Number of the limited liability company is: **L22000408697**
- THIRD:** The street address of the limited liability company's principal office is: **3382 Branch Creek Drive, Sarasota, Florida 34235**
- The mailing address of the limited liability company's principal office is: **3382 Branch Creek Drive, Sarasota, Florida 34235**

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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

a. Granted to **ALFONSO CORTES ALBORNOZ, VIRGINIA T. ARAVENA FLORES, and CRISTOBAL A. CORTES ARAVENA**, as Managers, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company without the joinder of any other in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

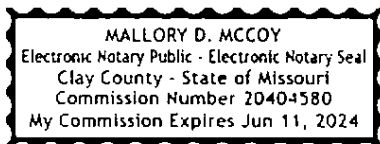
a. Granted to: **ALFONSO CORTES ALBORNOZ, VIRGINIA T. ARAVENA FLORES, and CRISTOBAL A. CORTES ARAVENA**, as Managers, whom may act unilaterally on behalf of and bind the company without the joinder of any other.

b. No authority granted to: _____

The undersigned does hereby certify the accuracy of the statements set forth herein.

X Alfonso Cortes Alborno, Manager ALFONSO CORTES ALBORNOZ, Manager
Signature of authorized representative Printed name and position title

The foregoing instrument was acknowledged before me by means of ___ physical presence or ☒ online notarization, this 8 day of November, 2023, by ALFONSO CORTES ALBORNOZ, who is personally known to me, or who has provided Chilean Passport, to establish their identity to me.

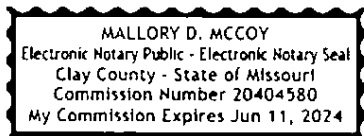


Mallory D. McCoy
Print Name: Mallory D. McCoy
Notary Public
My commission expires: 6/11/2024
[SEAL]

Completed via Remote Online Notarization using 2 way Audio/Video technology.

X Virginia T. Aravena Flores, Manager VIRGINIA T. ARAVENA FLORES, Manager
Signature of authorized representative Printed name and position title

The foregoing instrument was acknowledged before me by means of ___ physical presence or ☒ online notarization, this 8 day of November, 2023, by VIRGINIA T. ARAVENA FLORES, who is personally known to me, or who has provided Chilean Passport, to establish their identity to me.

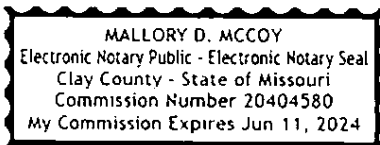


Mallory D. McCoy
Print Name: Mallory D. McCoy
Notary Public
My commission expires: 6/11/2024
[SEAL]

Completed via Remote Online Notarization using 2 way Audio/Video technology.

X Cristobal A. Cortes Aravena, Manager CRISTOBAL A. CORTES ARAVENA, Manager
Signature of authorized representative Printed name and position title

The foregoing instrument was acknowledged before me by means of ___ physical presence or ☒ online notarization, this 8 day of November, 2023, by CRISTOBAL A. CORTES ARAVENA, who is personally known to me, or who has provided Chilean Passport, to establish their identity to me.



Mallory D. McCoy
Print Name: Mallory D. McCoy
Notary Public
My commission expires: 6/11/2024
[SEAL]

Completed via Remote Online Notarization using 2 way Audio/Video technology.