

# L22000475525

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF  
TALLAHASSEE, FLORIDA

FILED

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SECRETARY OF  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DE PLANTATION 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:

MAUREEN AUGHTON, ESQ.

\_\_\_\_\_  
Name of Person

AUGHTON LAW FIRM PA

\_\_\_\_\_  
Firm/Company

5660 STRAND COURT

\_\_\_\_\_  
Address

NAPLES, FL 34110

\_\_\_\_\_  
City/State and Zip Code

maughton@aughtonlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Aughton

239

919-5436

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

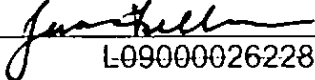
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ 55.00

Authorization Signature:   
DE PLANTATION LLC L09000026228 L22000475525  
Business Document #

☐ Walk in  
☐ Pick up time \_\_\_\_\_

☐ Mail out ☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ LLLP  
☐ **CORP**

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/  
☐ Merger  
☐ **Conversion**  
☐ **AFFIDAVID BY FOREIGN CORP.**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

          APOSTIL            
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☒ Statement of AUTHORITY  
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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: DE PLANTATION LLC

SECOND: The Florida Document Number of the limited liability company is: L22000475525

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

9420 BONITA BEACH RD.

STE # 200

BONITA SPRINGS, FL 34135

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

PO BOX 1658

BONITA SPRINGS, FL 34133

STATE NOT RECORDED  
TALLAHASSEE, FL

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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: DAN MATOUSEK

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: DAN MATOUSEK

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

  
Typed or printed name of signature:

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)