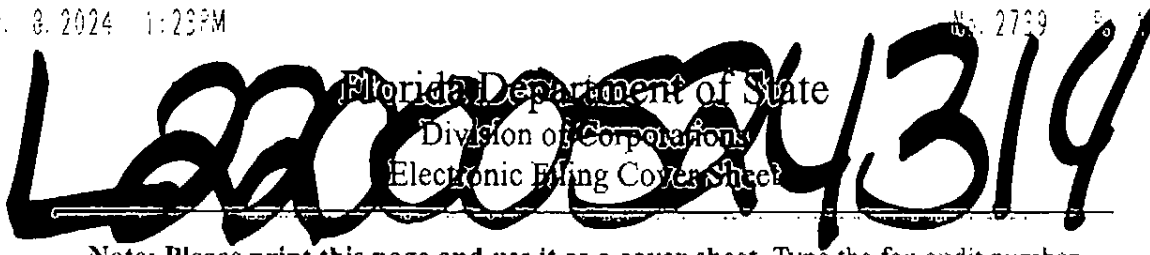


Nov. 8. 2024 1:23PM

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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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1005 ESTERO LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1005 Estero 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:

Kevin A. Kyle

Name of Person

Green Schoenfeld & Kyle LLP

Firm/Company

1380 Royal Palm Square Blvd.

Address

Fort Myers, FL 33919

City/State and Zip Code

kevinkyle@gskattorneys.com

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

For further information concerning this matter, please call:

Kevin A. Kyle

239

936-7200

Name of Person

at ()

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

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: 1005 Estero LLC

SECOND: The Florida Document Number of the limited liability company is: L22000524314

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

8195 E. Backwater Road

North Webster, IN 46555

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

8195 E. Backwater Road

North Webster, IN 46555

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: Marti Likens

b. No authority granted to: Joseph Orlandini

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

a. Granted to: Marti Likens

b. No authority granted to: Joseph Orlandini


Signature of authorized representative

Marti Likens, as Trustee, Sole Member
Typed or printed name of signature

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