

L23 000 145880

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

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

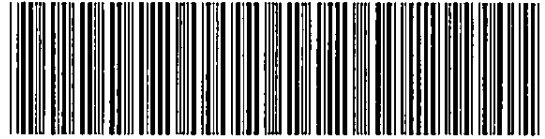
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer.

J. HORNE  
DEC 26 2024

Office Use Only



400439930434

11/22/24--01022--007 \*\*30.00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TERPS ACQUISITIONS MARIANNA 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:

KENNETH GREIF  
Name of Person

TERPS ACQUISITIONS MARIANNA LLC  
Firm/Company

21088 HAMLIN DRIVE  
Address

BOCA RATON, FL 33433  
City/State and Zip Code

GREIF.TERPS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH GREIF 917 838-6000  
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: TERPS ACQUISITIONS MARIANNA LLC

**SECOND:** The Florida Document Number of the limited liability company is: L23000145880

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

21088 HAMLIN DRIVE

BOCA RATON, FL 33433

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

20188 HAMLIN DRIVE

BOCA RATON, FL 33433

**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: KENNETH GREIF

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: KENNETH GREIF

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

DocuSigned by:

Kenneth Greif

64E3F54FC78047C

Signature of authorized representative

KENNETH GREIF

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TERPS ACQUISITIONS MARIANNA 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:

KENNETH GREIF

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

TERPS ACQUISITIONS MARIANNA LLC

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

21088 HAMLIN DRIVE

\_\_\_\_\_  
Address

BOCA RATON, FL 33433

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

GREIF.TERPS@GMAIL.COM

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

For further information concerning this matter, please call:

KENNETH GREIF

917  
\_\_\_\_\_  
at ( )

838-6000

\_\_\_\_\_  
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

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: TERPS ACQUISITIONS MARIANNA LLC

**SECOND:** The Florida Document Number of the limited liability company is: L23000145880

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

21088 HAMLIN DRIVE

BOCA RATON, FL 33433

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

20188 HAMLIN DRIVE

BOCA RATON, FL 33433

**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: KENNETH GREIF

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: KENNETH GREIF

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

DocuSigned by:

Kenneth Greif

64E3F54FC78047C

Signature of authorized representative

KENNETH GREIF

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**