623000265684	
(Address) (Address)	700413348747
(City/State/Zip/Phone #)	02/09/2301012007 +•50.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	77777
Office Use Oniy	08/08/23

TO: Registration Section Division of Corporations

14171 Metropolis Avenue 201, LLC

SUBJECT: _

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:

Luca Di Nunzio

Name of Person

Dorcey Law Firm

Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

support@dlfregisteredagent.com

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

For further information concerning this matter, please call:

 Luca Di Nunzio
 239
 418-0169

 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

VD.

:6 HJ

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

NAME OF LLC: 14171 METROPOLIS AVENUE 201, LLC

DOCUMENT NUMBER: L23000265694

PRINCIPAL ADDRESS: 2543 Blackburn Cir. Cape Coral, FL 33991

MAILING ADDRESS: 2543 Blackburn Cir. Cape Coral, FL 33991

MANAGER: Pasquale A. Cossentino



Below is the authority given to Pasquale A. Cossentino, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority).

□ He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC.

He/She has Authority to Purchase Property in the Name of the LLC.

□ He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property.

He/She has authority to Open Bank Account(s) in Name of the LLC.

He/She has authority to Close Bank Account(s) Owned by the LLC.

He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards and/or other instruments of payment on behalf of the LLC.

He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property (E.g., Vehicles/Equipment).

□ He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (E.g., Vehicles/Equipment).

He/She has authority to Enter into Contract(s) for the Purchase of Supplies.

He/She has authority to Enter into Contract(s) for the Purchase of Material(s).

He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.

He/She has authority to Enter into Contract(s) for the Purchase of Services.

He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.

- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
- He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.

Page 1 of 2

Statement of Authority for Pasquale A. Cossentino

He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.

□ He/She has authority to Enter into and maintain Contract(s) for Insurance Services on behalf of the LLC.

He/She has authority to File Annual Reports with State of Florida.

He/She has authority to Amend Annual Reports with State of Florida.

He/She has authority to File Statement of Authority(s) with State of Florida.

□ He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of Florida.

He/She has authority to Amend Articles of Organization.

If more space was needed, a separate sheet(s) of paper will be attached to the back of this form.

DocuSigned by: Cureto

Angela M. Cossentino, Manager

Date: _____

