

L24000173647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

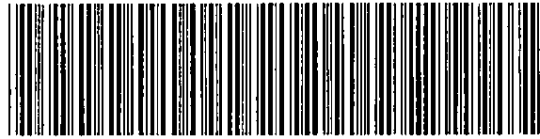
(Business Entity Name)

(Document Number)

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2025 NOV 25 AM 8:03
STATE OF FLORIDA
TALLAHASSEE, FL

Good Afternoon,

Please mail certified copy to:

Robert I. Fein, Esq
8879 Golden Mountain Circle
Boynton Beach, FL 33473

Thank you for your assistance!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TERPS ACQUISITIONS LAKE WALES 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 LAKE WALES 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

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

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 LAKE WALES LLC

SECOND: The Florida Document Number of the limited liability company is: L24000173647

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:
21088 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: _____

2025 NOV 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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)