

L24 000204978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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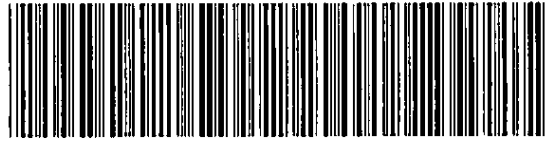
(Business Entity Name)

(Document Number)

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2024 MAY 21 AM 11:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KRAKEN CAPTIAL INVESTMENTS LLC**
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

STEPHANIE CHLEBOWSKI & JOSEPH CHLEBOWSKI
Name of Manager

KRAKEN CAPTIAL INVESTMENTS LLC
Name of Company

2643 PLACIDA ROAD
Address of Company

Englewood, FL 34224
City/State and Zip Code

E-mail Address of Manager

For further information concerning this matter, please call:

Anne Borovsky at

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224

FILED

2024 MAY 21 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 17 day of MAY, 2024, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **KRAKEN CAPTIAL INVESTMENTS LLC**

SECOND: The Florida Document Number of the limited liability company is: **L24000204978**

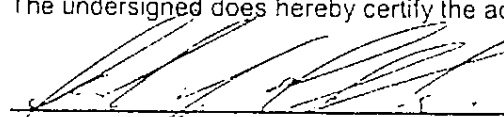
THIRD: The street address of the limited liability company's principal office is: **2643 PLACIDA ROAD, Englewood, FL 34224**

The mailing address of the limited liability company's principal office is: **2643 PLACIDA ROAD, Englewood, FL 34224**

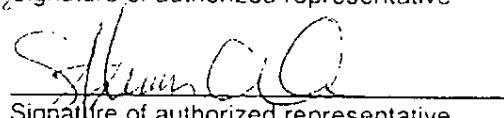
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: **STEPHANIE CHLENOWSKI**, as Manager, and **JOSEPH CHLEBOWSKI**, as Manager either of whom may unilaterally bind the company without the joiner of the other.
 - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: **STEPHANIE CHLEBOWSKI**, as Manager, and **JOSEPH CHLEBOWSKI**, as Manager either of whom may unilaterally bind the company without the joiner of the other.
 - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.


Signature of authorized representative

JOSEPH CHLEBOWSKI, as Manager
Printed name and position title

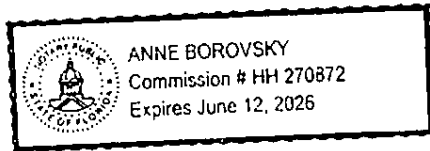

Signature of authorized representative

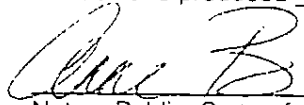
STEPHANIE CHLEBOWSKI, as Manager
Printed name and position title

STATE OF FL

COUNTY OF Charlotte

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 17 day of May, 2024 by **STEPHANIE CHLEBOWSKI** and **JOSEPH CHLEBOWSKI**, as Managers of **KRAKEN CAPITAL INVESTMENTS LLC**, a Florida limited liability company, who is/are personally known to me or who has/have produced D as identification and who did take an oath.




Notary Public, State of
My Commission Expires:
(Seal)

FILED
2024 MAY 21 AM 11:33
CLERK OF STATE
TALLAHASSEE, FLORIDA