# L25000006550

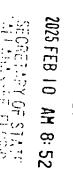
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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### COVER LETTER

| TO:     | Registration Section Division of Corporations                      |
|---------|--|
| SUBJE   | 5420 Kentucky Street, LLC  |
|         | Name of Limited Liability Company                                  |
| Dear Si | r or Madam:  |
| he end  | closed Statement of Authority and fee(s) are submitted for filing. |
| lease i | return all correspondence concerning this matter to the following: |
| Michae  | el Scott   |
|         | Name of Person   |
| Dorcey  | Law Firm   |
|         | Firm/Company   |
| 10181   | Six Mile Cypress Pkwy, Suite C                                     |
|         | Address  |
| Fort My | yers, FL 33966   |
|         | City/State and Zip Code  |
| support | t@dlfregisteredagent.com   |
|         | E-mail address: (to be used for future annual report notification) |
| or furt | her information concerning this matter, please call:               |
| Michae  | el Scott 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



March 17, 2025

MICHAEL SCOTT 10181 SIX MILE CYPRESS PKWY STE C FORT MYERS, FL 33966

SUBJECT: 5420 KENTUCKY STREET, LLC

Ref. Number: L25000006550

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You may email the corrected documents or any questions you may have to: Vonterica. Williams@DOS.FL.GOV. PDF Format only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 025A00005696

RECEIVED

JUN 3 0 2025

## STATEMENT OF AUTHORITY

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

NAME OF LLC: 5420 KENTUCKY STREET, LLC

DOCUMENT NUMBER: L25000006550

PRINCIPAL ADDRESS: 13451 Sabal Pointe Drive Fort Myers FL 33905

MAILING ADDRESS: 13451 Sabal Pointe Drive Fort Myers FL 33905

MANAGER: Howard A. Haynes

Below is the authority given to Howard A. Haynes, 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.

|  | half of the LLC, including but not limited to the Options   |
|--|---|
| Listed Below (Unlimited Authority).    |   |
| ☐ He/She has Authority to Execu        | ute an Instrument Conveying (Sale/Lease) Real Property      |
| Owned by the LLC.                      |   |
| ☐ He/She has Authority to Purcha       | se Property in the Name of the LLC.                         |
| ☐ Hc/She has authority to Enter in     | nto Contract(s) for the Maintenance/ Improvement of Real    |
| Property.                              |   |
| ☐ He/She has authority to Open B       | ank Account(s) in Name of the LLC.                          |
| ☐ He/She has authority to Close B      | ank Account(s) Owned by the LLC.                            |
| ☐ He/She has authority to Use, E       | xecute, 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 in     | to Contract(s) for the Sale of the LLC's Personal Property  |
| (E.g., Vehicles/Equipment).            |   |
|  | to Contract(s) for the Purchase of Personal Property (E.g., |
| Vehicles/Equipment).                   |   |
| ☐ He/She has authority to Enter in     | to Contract(s) for the Purchase of Supplies.                |
| ☐ He/She has authority to Enter in     | to Contract(s) for the Purchase of Material(s).             |
| ☐ He/She has authority to Enter in     | to Contract(s) for the Purchase of Merchandise.             |
| ☐ He/She has authority to Enter in     | to Contract(s) for the Purchase of Services.                |
| ☐ He/She has authority to Enter in     | to Contract(s) for the Sale of the LLC's Supplies.          |
| ☐ He/She has authority to Enter in     | to Contract(s) for the Sale of the LLC's Material(s).       |
|  | to Contract(s) for the Sale of the LLC's Merchandise.       |

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        |
|--------|--|
| behali | f 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             |
| Florid | la.  |
|        | He/She has authority to Amend Articles of Organization.                                      |
| If mor | re space was needed, a separate sheet(s) of paper will be attached to the back of this form. |
| MAN    | AGER:  |
|        | 2112120  |
| 200    | Date: 7   2   25   |
| Marv   | J. Havnes, Manager   |