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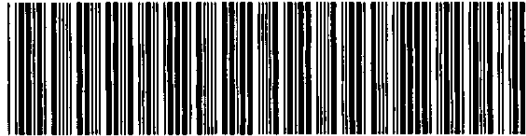
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 22 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citrus Valley Investors, 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:

Kathy Schubel

Name of Person

Citrus Valley Investors, LLC

Firm/Company

P. O. Box 5489

Address

Salt Springs, FL 32134

City/State and Zip Code

kschubel@eliteresorts.com

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

For further information concerning this matter, please call:

Kathy Schubel

Name of Person

352

Area Code

685-1900 ext. 1006

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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: Citrus Valley Investors, LLC

SECOND: The Florida Document Number of the limited liability company is: L07000095256

THIRD: The street address of the limited liability company's principal office is:
14100 N Highway 19, Ste. A
Salt Springs, FL 32134

The mailing address of the limited liability company's principal office is:
P. O. Box 5489
Salt Springs, FL 32134

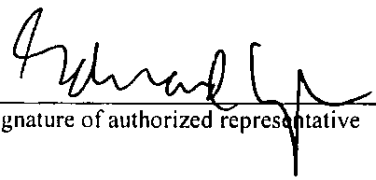
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.
 - a. Granted to: Eduard Mayer
Roseanne Mayer
 - b. No authority granted to: Kathy Schubel

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
 - a. Granted to: Eduard Mayer
Roseanne Mayer
 - b. No authority granted to: Kathy Schubel

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TALLAHASSEE, FLORIDA

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Signature of authorized representative

Managing Partner
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)