

L08000090321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

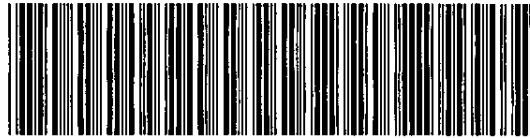
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500276070715

08/19/15--01029--009 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG 19 PM 4: 14

FILED

K. SALY  
EXAMINER  
AUG 20 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKYTOWER PROPERTIES 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:

CONAL O. FOLEY  
Name of Person

SKYTOWER PROPERTIES LLC.  
Firm/Company

3834 W. PLATT ST  
Address

TAMPA, FL 33609  
City/State and Zip Code

FOLEY CONAL @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONAL O. FOLEY at ( 813 ) 695-9572  
Name of Person Area Code Daytime Telephone Number

**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: SKYTOWER PROPERTIES  
LLC.

SECOND: The Florida Document Number of the limited liability company is: L08000090321

THIRD: The street address of the limited liability company's principal office is:

3834 W. PLATT ST  
TAMPA  
FLORIDA 33609-

The mailing address of the limited liability company's principal office is:

3834 W. PLATT ST  
TAMPA  
FLORIDA 33609

FILED  
2015 AUG 19 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CONAL D. FOLEY

b. No authority granted to: ELIZABETH D. FOLEY:  
EVAN M. FOLEY: ALLISON E FOLEY

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: CONAL D. FOLEY

b. No authority granted to: ELIZABETH D. FOLEY  
EVAN M. FOLEY: ALLISON E. FOLEY

[Signature]  
Signature of authorized representative

CONAL D. FOLEY  
Typed or printed name of signature

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