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TO:

Registration Section Division of Corporations

SUBJECT:	PHOENIX RISING NAPLES LLC				
	Name of	Limited	Liability Com	pany	
Dear Sir or I	Madam:				
The enclosed	d Statement of Authority and fee(s) and	re submi	tted for filing.		
Please return	n all correspondence concerning this r	matter to	the following	:	
Sarah Gr	rieb, Esquire				
	Name of Person			•	
Roetzel 8	& Andress, LPA				
	Firm/Company			•	
850 Park	Shore Drive - Third Floor				
	Address			•	
Naples, F	Florida 34103				
	City/State and Zip Code			•	
victor@s	fllp.com				
E-r	mail address: (to be used for future an	nual rep	ort notification	n)	
For further in	nformation concerning this matter, pl	ease call	:		
Sarah Gr	rieb, Esquire	at i	239	649-6200	
	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	t to section 605.0302(1), Florida Statutes, this limited liability company submits the following:	ig statement of
FIRST:	The name of the limited liability company is: PHOENIX RISING NAPLES LLC	
SECON	D: The Florida Document Number of the limited liability company is: L14000033124	
	: The street address of the limited liability company's principal office is: 1200 BRICKELL AVENUE	
	PH 2000	
	MIAMI, FL 33131	
	The mailing address of the limited liability company's principal office is: 1200 BRICKELL AVENUE	
	PH 2000	
	MIAMI, FL 33131	
	of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to:	17 APR 12
	b. No authority granted to: Richard Wheeler	初到更
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compara. Granted to:	ıy.
	b. No authority granted to: Richard Wheeler	
Si 102	Sarah Grieb, Auth. Re	ep.

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Typed or printed name of signature