

L140000 66264

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(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section  
Division of Corporations

SUBJECT: SHADOW OAK FARMS, 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:

ANDREW M. JOHNSON

Name of Person

SHADOW OAK FARMS, LLC

Firm/Company

261 CAPELLA COURT

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

CBRCABINS@AOL.COM

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

For further information concerning this matter, please call:

ANDREW M JOHNSON

Name of Person

at ( 386 )

Area Code

871-7434

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: Shadow Oak Farms, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000066264

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

261 Capella Court, New Smyrna Beach, FL 32168

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

261 Capella Court, New Smyrna Beach, FL 32168

**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.

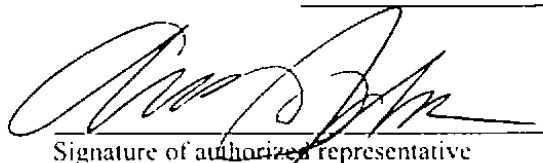
a. Granted to: Andrew M. Johnson

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Andrew M. Johnson

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

ANDREW M. JOHNSON  
Typed or printed name of signature

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