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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J SHIVERS



Gregory A. Sanoba, Esq.  
Kenneth W. Branham, Esq.  
P: 863.683.5353 • F: 863.683.2237  
422 S. Florida Ave. • Lakeland, FL 33801

January 12, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*RE: Statement of Authority*

Dear Sir or Madam:

Enclosed please find a Cover Letter, a Statement of Authority and check in the amount of **\$55.00**. Please file the Statement of Authority and provide a certified copy. The amount of \$55.00 represents the filing fee (\$25.00) and the certified copy fee (\$30.00)

Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Angie Skinner". The signature is written in black ink and is positioned above the printed name.

Angie Skinner  
for Kenneth W. Branham, Esq.

/as  
encl. Cover Letter & Statement of Authority  
cc: File

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAY LAKE SOUTH, 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:

KENNETH BRANHAM, ESQ  
Name of Person

THE SANOBA LAW FIRM  
Firm/Company

422 SOUTH FLORIDA AVENUE  
Address

LAKELAND, FL 33801  
City/State and Zip Code

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

For further information concerning this matter, please call:

KENNETH BRANHAM, ESQ at ( 863 ) 683-5353  
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: Bay Lake South, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000182208

**THIRD:** The street address of the limited liability company's principal office is:  
3240 GALLOWAY ROAD  
LAKELAND FL 33810

The mailing address of the limited liability company's principal office is:  
3420 GALLOWAY ROAD  
LAKELAND, FL 33810

**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: JOSEPH LOVETTE, OFFICE MANAGER

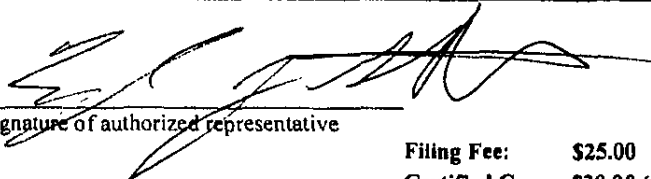
b. No authority granted to: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

a. Granted to: JOSEPH LOVETTE, OFFICE MANAGER

b. No authority granted to: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative

TAYLOR GOLDSMITH, MGR  
Typed or printed name of signature

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