

L16000 1060FS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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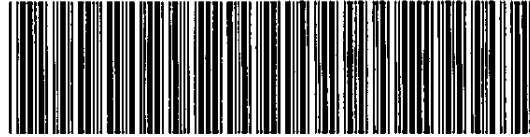
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 354 Toney Penna Drive 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:

Adrian Brion

Name of Person

Form-A-Corp

Firm/Company

4440 PGA Blvd., Suite 308

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

abrion@form-a-corp.com

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

For further information concerning this matter, please call:

Adrian Brion

at ( 561 ) 283-0005

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: 354 Toney Penna LLC

SECOND: The Florida Document Number of the limited liability company is: L16000106085

THIRD: The street address of the limited liability company's principal office is:  
354 Toney Penna Drive  
Jupiter, FL 33458

The mailing address of the limited liability company's principal office is:  
354 Toney Penna Drive  
Jupiter, FL 33458

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: Craig Willoughby, Bryan Willoughby,  
Jason Willoughby

b. No authority granted to: NA

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

a. Granted to: Craig Willoughby, Bryan Willoughby,  
Jason Willoughby

b. No authority granted to: NA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature of authorized representative

Craig A Willoughby  
Typed or printed name of signature